

A Community Report

ON WNY HEALTH CARE
July 28, 2009

What People Want for the Future of Health Care in WNY



Reaching for excellence

Community Vision and Voices
for Western New York Health Care



How to Reach Excellence Together



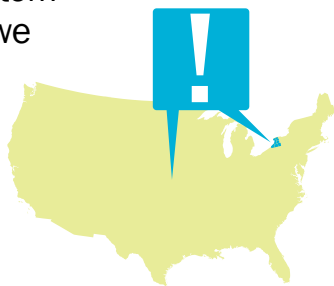
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The nation's health care system has reached a **crisis point**, as we engage in perhaps the most radical health care reform debate in decades. Health care spending is among the largest components of the nation's gross domestic product, yet the health of Americans is compromised by costly care and inadequate coverage, with 47 million uninsured.



Western New York has not been immune to the tumult of the industry, experiencing particularly **significant health system strains** from a declining and aging population, outdated health infrastructure, high rates of poverty, porous safety nets, health care workforce shortages and a rising incidence of chronic diseases. Structural change is imminent, as New York State has mandated reconfiguration of Western New York hospitals and nursing homes. Not only does the imperative to improve the system impact the health of our community, but it has the potential to further the region's medical and health science industry as an economic engine.

As the region shapes the future of its health care system and prepares to make significant investment decisions, there is a fundamental need to **incorporate the perspective of the community** – as users of the system – in the current health care debate. Indeed, Western New Yorkers want their voices heard, and an increasing number of community groups in the region are committed to making this happen. *Reaching for Excellence: Community Vision and Voices for Western New York Health Care* emerged in 2007 as the first region-wide forum for engaging and amplifying the consumer perspective to shape a stronger health care future for Western New York.

During 2008, *Reaching for Excellence* convened more than 1,700 Western New Yorkers in *One Friday: Four Futures*, a series of community conversations about what we want for the future of health care in the region. Emerging from more than 100 community conversations were **five key health care priorities**, reflecting the top concerns of the region across race/ethnicity, age, income and geography.

Reaching for Excellence is now committed to guiding the region's health system in quality improvement and policy reform on community priorities by measuring system performance and monitoring progress. This effort also will continue to serve as an ongoing forum for regional dialogue on strengthening health care.

Reaching for Excellence is an initiative of the **Community Health Foundation of Western & Central New York** and **The John R. Oishei Foundation**, developed in partnership with the **P2 Collaborative of Western New York** and the **University at Buffalo Regional Institute**.

1FRIDAY 4FUTURES



How 1,700 Western New Yorkers participated in a dialogue about the region's health care future

Reaching for Excellence traveled across the eight-county region between January 2008 and March 2009 to convene more than 100 community conversations with over 1,700 Western New Yorkers. Forums, primarily small groups, included block clubs, church groups, health centers, employers, schools, senior centers and community and advocacy groups. The effort engaged communities facing some of the most severe health care challenges, including seniors, minorities and low-income residents.

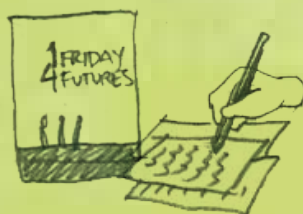
Reaching for Excellence's project sponsors sought an effective method for engaging the community in an open, creative and goal-oriented dialogue about health and health care. *One Friday: Four Futures* developed out of an innovative scenario planning process based on possibilities, with community conversations generated around four descriptive stories portraying distinct futures for the region in 2018 based on choices made today.

The initiative's scenario planning process began with a series of design workshops during summer 2007 that engaged more than 30 key regional health and community leaders. Global Business Network, a nationally regarded leader in scenario thinking, facilitated this initial dialogue about the range of challenges and opportunities facing the region's health care system, focusing on what the region needs for a stronger future health care system.



Out of all the forces driving health care in the region, the group focused on two of the most important and yet uncertain drivers – regional economics – more versus fewer resources – and the nature of care – preventive versus reactive. When viewed as axes of possibility, the two factors intersect to create four different futures for the region, each with unique risks and opportunities for the region and different “winners” and “losers.”

To translate these four scenarios into realistic, compelling possibilities to which community members could respond, *Reaching for Excellence* developed four five-minute narratives featuring a recurring cast of patients and health care providers. These stories became the core of *One Friday: Four Futures* and the content to which community members would respond in sharing their priorities for regional health care.



What will the future of health care in Western New York look like?

In the following four stories, an interwoven cast of patients and health care providers – Barry Glover, Miranda Trimble, Don Castle, Laura Castle Clark, Felicia Johnson, Tony Tomasello and Anita Wallace – interact with each other on a single day in 2018, Friday, June 22, to be exact. The date is the same in each story but each Friday has been reached along a different path, with distinctly different outcomes for all involved.

77 percent of community conversation participants said they would like to see WNY health care head in this direction

More comprehensive system; emphasis on prevention makes high-end care more scarce.

You Get What You Need



Don't You Worry About a Thing



Broad access to high-end, expensive care; little preventive care; system difficult to navigate.

Screenings are mandated; simple care needs are met; chronic care a challenge.

With a Little Help From My Friends

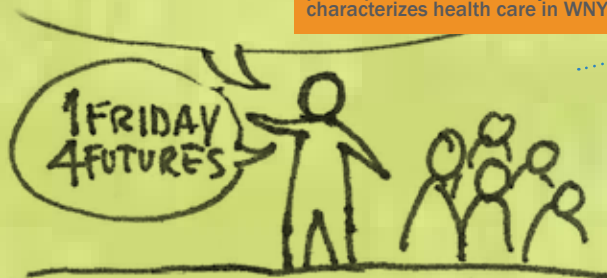


Heaven Help Us All



Limited access to care, poor quality and rising costs; those who can afford it travel to the best care, those who cannot must take what they can get.

44 percent of community conversation participants said this story most characterizes health care in WNY today



Who participated?

114
Community
Conversations

21 community groups
21 service providers
16 senior groups
13 general audiences
10 faith-based groups
10 hospitals, clinician groups
8 health advocate groups
7 college student groups
4 higher education faculty/staff
2 government groups
2 employer-sponsored groups

LOCATIONS

Buffalo, Niagara Falls, Batavia, Cheektowaga, Jamestown, Amherst, Lewiston, Warsaw, Wheatfield, Albion, Cassadaga, Dunkirk, Lackawanna, Olean, Grand Island, Allegany, Gowanda, Evans, Depew, Salamanca, Alden + other towns, villages and cities across WNY

1,732
Western New
Yorkers

GENDER Male 25%
Female 75%

AGE 18- 34 20%
35 - 54 40%
55+ 39%

EDUCATIONAL LEVEL GED or High School 26%
College Degree 74%

HOUSEHOLD INCOME Less than \$25,000 26%
\$25,000 to \$74,999 39%
\$75,000 or more 35%

RACE White 80%
African-American 16%
Asian 2%
American Indian/
Alaska Native 1%
Other 1%

ETHNICITY Hispanic 6%
Non-Hispanic 94%



**1 FRIDAY
4 FUTURES**

What We Want for the Future of Health Care in WNY



From college students to seniors, residents of Niagara Falls to Jamestown, and community activists to business executives, Western New Yorkers' sentiments about what they want for the future of health care in our region coalesced around **five key priorities**.

Reflecting a nationwide movement toward more patient-centered care, Western New Yorkers said first that they want to connect with their providers on a human level, through care that is delivered with compassion, respect and understanding (**Priority #1: Make the Human Connection**).

Administrative hassles should be reduced through efficiency measures and coordination of care across a patient's numerous providers (**Priority #2: Lose the Hassle Factor**). Patients also want to be empowered as their own health advocates through clearly communicated and accessible health information (**Priority #3: Help Me Understand**).

Also among the top priorities of Western New Yorkers is an appreciation that both the system and individuals must take responsibility for shifting toward preventive health care and healthier lifestyles (**Priority #4: Make Healthy Choices**). A majority of consumers in the region stressed the need for a stronger safety net in health care coverage and accessibility for those most in need (**Priority #5: Increase Access to Care**).



PRIORITY #1

Make the Human Connection

Western New Yorkers want providers to recognize they are people as well as patients by showing compassion, empathy and respect for their needs. A holistic approach to care should consider the patient's perspective as shaped by their culture, language, quality of life and even family and friends. Western New Yorkers also said they want their doctors to take the extra time required to listen to their concerns and provide comfort and reassurance, as patients often feel vulnerable and anxious during the health care encounter. Patients also want to be more engaged in the decisions that affect their health. Sometimes this requires additional assistance through the provision of a health advocate.

Why It Matters

Western New Yorkers mirror nationwide opinion in the importance they give to holistic, humanized health care delivery. Americans participating in more than 3,000 national health care conversations as part of the "America Speaks" forum said patient-centered care is a priority, mentioning this topic only less frequently than the need for a fair health care system. Moreover, research shows that patient-centered care leads to greater patient satisfaction and improved outcomes, greater patient loyalty and fewer malpractice suits. It also has the potential to reduce costs – physicians who spend more time with patients might find it less necessary to make referrals to specialists, order follow-up tests and prescribe medications. Finally, as the region's population ages and becomes increasingly diverse, so must the health system improve in its capacity to provide the emotional support and sensitivity to cultural values that shape an individual's health care decisions.

83%

of conversations
addressed
aspects of
**Make the
Human
Connection**

Place compassion, care and emotional connections at the center of the health encounter

Support providers' ability to spend more time with patients

Promote patient choice and empowerment

Respect the personal beliefs, cultural perspectives and privacy needs of patients

Provide health advocates for patients

What Else is on Western New York's Mind?

Control Health Care Costs:

Western New Yorkers believe the health has become extremely cost-inefficient, driven by a broken system with outdated reimbursement models, wasteful spending and rising malpractice suits.

Improve Technical Quality:

Western New Yorkers want health care with the most up-to-date information, technology and training. Health care facilities should be safe and conducive to the best clinical experiences possible.

Enhance Quality of Coverage:

Access to health care coverage is not enough – the region needs more comprehensive options that include mental, dental and vision care as well as increased access to alternate plans and options.



PRIORITY
#2

Lose the Hassle Factor

Western New Yorkers say that obtaining health care – from urgent to routine – should be as convenient and efficient as possible. This requires coordinating patient care between primary and specialized providers, between providers and payers, across health care facilities and even over the course of a patient's medical history. Administrative procedures, such as billing, making appointments, obtaining referrals and coordinating prescriptions should be simple. The region's health care consumers see health information and medical technology, especially electronic medical records, as central to streamlining all aspects of care – and reducing the mistakes and waste that result from a poorly coordinated system. Western New Yorkers also recognize that the health care organizations themselves must be part of the solution – hospitals, clinics and doctor's offices need to be managed better.

Why It Matters

Americans in general interact with the health system more than any other nation in the world – with generalists and specialists, with clinics and hospitals, for tests and screenings, routine care and outpatient surgery. The elderly – a population surging in Western New York – touch the system even more frequently due to declining health and chronic conditions. Not surprisingly, Americans, like Western New Yorkers, have stated that a more streamlined and simple health system is a top priority. Poorly coordinated care and unnecessary hassles are inefficient, wasteful, to the extent that there are simpler ways. Moreover, the "hassle factor" just adds to patient anxiety and stress at a time when they are least capable of coping. Research suggests that quick turnaround times for lab results, short wait times for surgeries and efficient referrals to specialists lead to higher levels of patient satisfaction and loyalty.

73%
of conversations
addressed
aspects of
*Lose the Hassle
Factor*

Integrate medical and health information technology into the system, particularly through electronic medical records

Coordinate an individual's care across providers, organizations and health plans and over the course of a patient's life

Reduce wait times for getting appointments and seeing providers

Simplify administrative procedures for patients

Streamline health care organizations

"Make it simple."

"We need more centralization and less burdensome paperwork."

"We need to update system technology."

PRIORITY
#3

Help Me Understand

Western New Yorkers say they need clear and comprehensible information to help them make better and more proactive decisions about their health. More important than brochures and pamphlets are providers that can explain a condition in a way that relates to the patient, while listening carefully to their questions and concerns. Western New Yorkers also want more information, about their health status and progress, hospital procedures, test results and options for care. Information must be accurate and effective in crossing cultural, linguistic or educational barriers. Western New Yorkers also want more and better information about follow up procedures to help them effectively implement self care and health promotion.

Why It Matters

Effective provider-patient communication is integral to empowering patients as advocates of their own health, in understanding how to provide self care, and in appreciating how their daily behaviors and lifestyle choices impact their health. Certainly communication – and support of health literacy – is the foundation of an effective health care system. Yet this is also an area of particular concern in a region where educational levels are relatively low. The percentage of adults in the region with a bachelor's degree ranges from a low of 11 percent in rural Wyoming County to 25 percent in Erie County. Cultural and language divides serve to compound educational gaps. There are pockets in the region where more than one in four residents is an immigrant, one in five struggles with English, and one in three lacks even a high school diploma. Also, research shows that providing patients with information and education positively influences their behavior and clinical outcomes. It also fosters greater patient satisfaction and increased likelihood that patients will recommend a physician.

70%
of conversations
addressed
aspects of
*Help Me
Understand*

Develop educational programs and improve providers' ability to supply health information

Improve provider communication skills, including listening and capacity to explain complex health issues, especially where language or cultural barriers exist

Assist patients in obtaining follow-up care, including self care, by providing clear and accurate information

"Educating the public is crucial... Our future health is in our hands"

"We need health education for the young and the old."

PRIORITY
#4

Make Healthy Choices

Many Western New Yorkers believe the region's health system needs to shift from reactive care to embrace a more proactive approach to patient health by supporting awareness of and access to preventive care. This should include the active engagement of all levels of providers and health care professionals and even targeted educational programs and campaigns. At the same time, patients themselves must play a role in advancing healthier lifestyles by adopting healthier behaviors and taking advantage of preventive care opportunities.

Why It Matters

Unhealthy lifestyles and choices – smoking, poor diet and substance abuse – lead to 40 percent of all premature deaths in the United States. In other words, two out of five of us could live longer and healthier if we made better choices. What's more, preventable chronic conditions are costly to treat and contribute significantly to overall health care spending. For instance, 10 percent of all health care spending stems from heart disease, for which the leading risk factors are lifestyle choices such as smoking, diet and physical activity. Nationwide there is growing appreciation for the need to adopt proactive approaches to health, with one in five adults saying so in a national survey conducted last year. Engaging Western New Yorkers in improving their own health is critical, with preventive behavior relatively low in the region. In fact, the region's baby boomer generation has the highest obesity rate in Western New York, according to the Western New York Health Risks Assessment.

65%
of conversations
addressed
aspects of
**Make Healthy
Choices**

Preventive care must be advocated and supported in the health community

Patient role must include seeking preventive care and adopting healthy behaviors

"Incentivize personal responsibility."

"Integrate a wellness approach to health care as opposed to crisis intervention."

"Health promotion and disease prevention is the key to high quality, cost effective health care."

PRIORITY
#5

Increase Access to Care

Western New Yorkers want broader access to care in the region, for all populations, as a basic human right, though many appreciate the trade-offs and costs associated with universal health care. Access to health care is about affordable, comprehensive care, including the availability of providers and specialists and the ability to choose the care that is best for them. Western New Yorkers frequently discussed expanding access to care for historically underserved populations such as the elderly, those with mental health needs, the poor, children and residents of urban and rural areas. Also top-of-mind for regional residents are the logistical supports needed to improve care accessibility, such as transportation, home-based care and incentives to attract providers to underserved areas.

Why It Matters

Western New Yorkers echo national sentiment their clamor for expanded access to care. The top priority of Americans participating in national health care conversations in 2008 was a fair health system. Indeed, access to care is a matter of life and death – the uninsured have a 25 percent higher risk of mortality than those with coverage. Gaps in access to care also reduce quality of life and increase financial burdens due to under-treated conditions and related health problems. Economic trends in Western New York make access a pressing issue due to high rates of poverty, especially in urban and rural areas. Unemployment rates are at a 20-year high, which has significant implications in a society where employers are a key link in accessing care. Moreover, the region's continued loss of manufacturing jobs, which traditionally offered rich benefits packages, are not being replaced by comparable employment. The region's fastest growing employment sector – the services sector – includes many jobs with few health benefits or none at all.

65%
of conversations
addressed
aspects of
**Increase Access
to Care**

Broaden and deepen access to care for all populations

Increase access to care for historically underserved populations and communities

"Health care should be a standard service, not a business you have to opt into."

"We need to care for those who are unable to help themselves."

"Health care is a basic human right."

How the Five Health Care Priorities Ranked Across Select Populations Within the Region



Expectations, values, past experiences and satisfaction levels with the current system likely affect how the diverse communities within Western New York addressed their priorities for the region's health system in the conversations held across the eight-county region. The following examines how communities with particularly significant health concerns, including low-income residents, minorities, rural populations and seniors, rated the priorities.

PRIORITY #1

Make the Human Connection

Conversations where racial and ethnic minorities constituted the majority of participants were more likely to talk about the "human connection" in health care, particularly for time spent with the provider and with respect for cultural beliefs or privacy. These issues were raised significantly less frequently in conversations conducted in rural areas outside Erie and Niagara Counties, perhaps due to lower patient loads that allow providers to spend more time with the patient, and thus establish a better personal connection.



PRIORITY #2

Lose the Hassle Factor

Conversations where low-income residents constituted the majority of participants raised the issue of health system inefficiencies nearly half as often as Western New Yorkers did overall, particularly on the issue of health information and medical technology. This may relate to different expectations from the system, as well as the more elemental health challenges faced by low-income residents, including the quality of their care, access and cost. This priority also ranked lower, but to a lesser degree, for conversations predominated by minorities and seniors.



PRIORITY #3

Help Me Understand

Rural Western New Yorkers were less likely to address the need for better provider communication skills and support for understanding and advocating for their health. A closer look at the subcomponents of this priority reveals further differences in perspective. Conversations with predominantly low-income Western New Yorkers were more likely than others to discuss the importance of effective provider communication skills, but less likely to address the need for health education and information, suggesting perhaps greater comfort or reliance on verbal communication or even a lack of the time or resources required to attend educational programs.



PRIORITY #4

Make Healthy Choices

Rural Western New Yorkers most frequently addressed the need to support healthy behaviors. This could stem from differing expectations of the system as well as significant gaps in access to care in rural areas due to provider shortages and higher rates of uninsured. Least frequently, it emerged as a priority when low-income residents were the majority of participants, suggesting that the health system may need to implement different educational and support approaches in these communities. Also, low-income residents might not be able to invest the time and financial resources perceived to be associated with preventive care and healthy lifestyle choices.



PRIORITY #5

Increase Access to Care

Notably, this priority was equally important for all communities, cutting across race, ethnicity, age, income level and geography, suggesting perhaps an emerging national consensus around expanded and even universal health care coverage.



How WNY is Performing



Guided by a clear community consensus around five health care priorities, *Reaching for Excellence* has developed a set of baseline indicators to monitor system performance and drive quality improvement efforts. *Reaching for Excellence* will track progress over time on current measures and add new and more revealing indicators of performance in priority areas as they emerge. As the region's health system improves its performance and achieves goals, efforts may shift to enhance measures in problem areas.

Key Findings

Measures of performance in the community's top three priorities show the region has **significant room for improvement** if it is to excel in patient-centered care. According to assessments of patient experiences with the region's health care system - that is, hospitals and health care plans, the only units of analysis for which these

data are currently measured - **the region falls short** of national and even state averages in many areas related to connecting with patients on a human level, ensuring the health system is coordinated and streamlined, and supporting open and effective communication with patients. **Patients report starkly different experiences** across the 24 hospitals and three health plans assessed in this analysis, with a select few on par with the nation's top performers, but others in need of significant quality improvement. Experiences also widely vary on key measures across certain demographic categories, particularly low-income residents within Medicaid health plans.

Data show mixed results in assessing regional performance in measures of "Make Healthy Choices" and "Increase Access to Care," with the region ahead of key benchmarks for its rate of uninsured, but behind on several measures of obtaining preventive care and making healthy lifestyle choices. **Rural-urban disparities are evident** in health care coverage and the adoption of healthy behaviors.

#1 Make the Human Connection

Western New Yorkers want providers to recognize they are people as well as patients by showing compassion, empathy and respect for their needs.

Communication is an important measure of "Make the Human Connection," demonstrating how well providers establish rapport with the patient, build an emotional and empathetic connection, attend to the patient's needs, and account for the patient's culture, values and preferences. Clear information also engages the patient in shared decision making and supports the patient in self-advocating for their health. Western New Yorkers show high levels of satisfaction when it comes to communicating with their hospital doctors, with about **three out of four patients saying their doctors in both the hospital and outpatient setting communicate well by listening, explaining things clearly and showing respect.**

Before giving patients new medication, taking the time to explain why it is being given and possible side effects supports patient choice and self-advocacy. Patients in the region are not as positive about hospital staff's effectiveness in communicating important information about medications. In fact, this is an area where Western New Yorkers demonstrate some of their lowest satisfaction levels - **just over half of patients report that hospital staff always explained new medications before giving them.** On this measure, there is wide performance variation across hospitals in the region, with top hospitals receiving scores over 75 percent, and the lowest ranking hospital at 45 percent.

When patients feel rushed with their doctor, they are less likely to have their emotional needs met or their questions and concerns addressed. While the majority of Western New York health plan customers say their doctor always spent enough time with them, at least **one out of three felt rushed with their doctor at some point.**

Prompt attention to basic patient needs, such as getting help in going to the bathroom or alleviating pain, is a measure of compassionate care and respect for basic needs, including how well providers work to limit feelings of anxiety or apprehension. Western New



Yorkers show low levels of satisfaction in these areas, with only about **half of hospital patients reporting that they always receive help quickly from hospital staff** when they press the call button or need assistance getting to the bathroom or using a bedpan. Managing pain experienced by a patient is not only about medication - it can be as simple as providing extra pillows. In Western New York, only about **two out of three hospital patients say that hospital staff did everything they could to help with their pain.** At the region's top performing hospital, 77 percent of patients said staff did everything they could for their pain, while only 58 percent of patients said the same at the region's lowest ranked hospital.

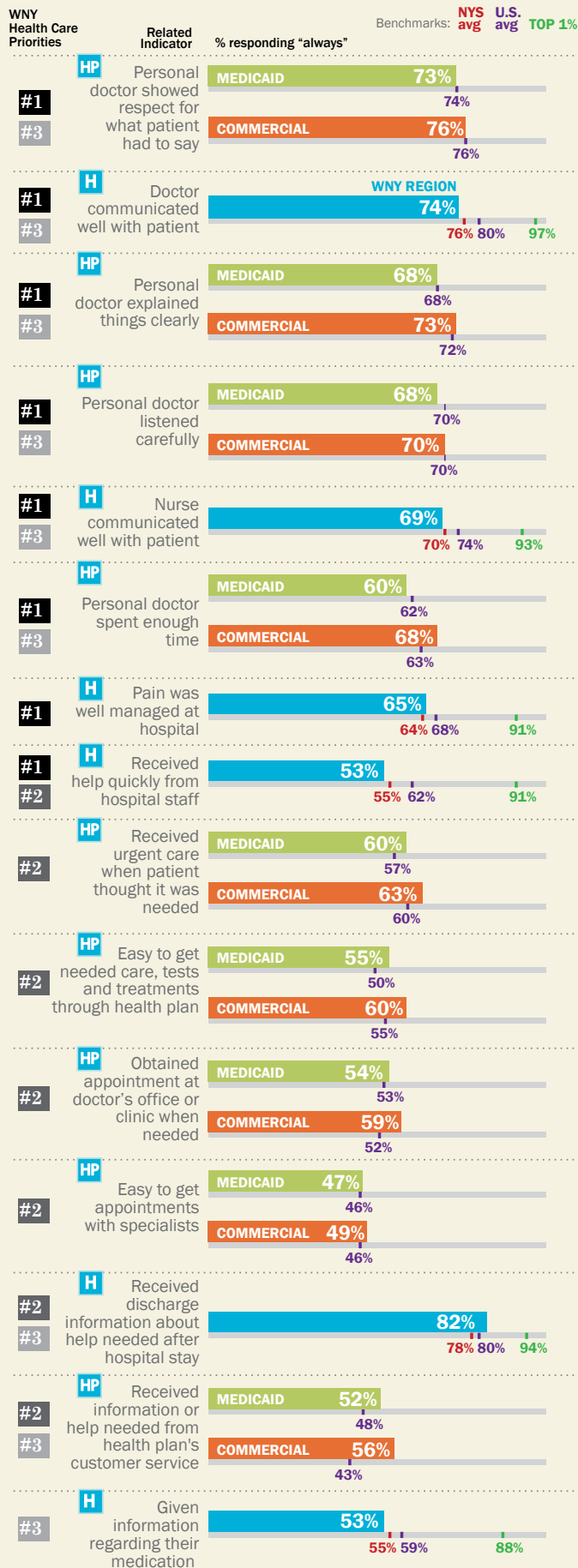
Data Gaps for this Priority: Health advocate use and availability, level of decision making patients are afforded in an outpatient setting

#2 Lose the Hassle Factor

Western New Yorkers say that obtaining health care - from urgent to routine - should be as convenient and efficient as possible.

The ease with which patients obtain the care they need, including appointments and treatments, quickly and when needed, reflects the degree to which health care organizations operate efficiently and are flexible in accommodating the patient's health needs or scheduling restrictions. From the perspective of the patient, Western New Yorkers appear to face significant hassles in this area, even when seeking emergency care. **Less than two in three health plan customers say they were always able to receive urgent care as soon as they thought they needed it.** For the lowest rated health plans, fewer than 60 percent say they were able to receive emergency care. Routine care and access to needed tests and treatments are critical to managing and monitoring health conditions, especially for the increasing number of Western New Yorkers with chronic diseases. Yet just about **60 percent of commercial plan customers are satisfied with their ability to make routine appointments and obtain needed care, tests or treatment.** Where Western New Yorkers experience

Measuring Regional Performance in Top 3 Priority Areas



Data are from the CAHPS nationwide patient experience surveys of hospital patients and health plan customers. Included in the surveys are 24 hospitals in Western New York and three major health plans in the region (Independent Health, Univera and HealthNow New York Inc.), including their commercial and Medicaid plans.



Hospital Indicator



Health Plan Indicator

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the most frustration is in booking appointments with specialists. Barely **half of health plan customers say that it was always easy to get appointments with specialists.**

However, on all of the above measures, Western New Yorkers rate their health plans better than the average health plan customer nationwide. As a region with declining population, perhaps there is relatively less competition for health care resources.

As the key intermediary in care access and affordability, health care plans play a central role in guiding patients through the health system. Just over **half of Western New York health plan customers are satisfied with how well their health plans provide information or help.** Notably, the region's health plans are rated higher than health plans are nationally.

Western New Yorkers give hospitals high scores for assisting them in the discharge process - more than eight out of 10 patients report that staff told them of available resources outside the hospital as well as symptoms or other health issues they should monitor, higher than national averages. Also, **patients rate hospitals poorly for their ability to quickly respond to their needs**, suggesting perhaps that hospitals are not allocating resources efficiently to assist patients with needs as basic as going to the bathroom.



Data Gaps for this Priority: Wait times during visits to doctor's offices, wait times for diagnostic test results, percentage of physicians in the region accepting new patients

#3 Help Me Understand

Western New Yorkers say they need clear and comprehensible information to help them make better and more proactive decisions about their health.

The communication skills of doctors and nurses measure patient accessibility to the information they need to make important decisions related to their health, including providing self care and adhering to treatment plans. Western New Yorkers are relatively well satisfied in this area, with about three out of four saying the **doctors available to them through commercial health plans always explain things clearly**, a rate slightly above the national average.

When patients feel doctors spend enough time with them during the care encounter, they are likely satisfied with the opportunity to discuss their health status to the extent that they need. This may include having the time to ask the doctor questions, with the doctor also taking the time necessary to explain the patient's clinical prognosis

and related treatments clearly and in a way that relates to the patient.

Health plans are an important source of information about a very complex health system, and can help patients understand options for care, including access to providers, tests and treatments. Yet only **56 percent of the region's commercial health plan customers say they always got what they needed in terms of help or information from health plan customer service.** With incomplete information about coverage, residents here are limited in their ability to take full advantage of coverage available. While the top-rated health plan on this measure reaches a 62 percent satisfaction rate for commercial plan customers, the lowest scoring plan falls below 50 percent. That said, Western New Yorkers across all plans still find more help than the average health plan customer across the nation.

Clearly communicated discharge information - information about help available outside the hospital or written instructions about symptoms or health problems to monitor - is important in helping the patient understand needed follow-up care. The region's hospitals have high ratings on this measure.

While in the hospital, patients are often offered new medications, to deal with pain or to manage their condition. It is important that providers take the time to provide instructions about medications given to the patient due to the serious ramifications related to taking medication incorrectly or not understanding side effects. Yet this is an area where Western New Yorkers expressed some of their lowest levels of satisfaction, with nearly 50 percent experiencing incidences where hospital staff did not provide information about a new medication.



Data Gaps for this Priority: How often doctor's follow up with patients on test results or information promised during a visit as a measure of supporting patients in self care and informed health decision making

Disparities in Patient-Centered Care

As priorities vary across different communities in Western New York, so do levels of patient satisfaction with key measures of performance - particularly between the typically low-income customers of Medicaid and customers of commercial health plans.

FOR PRIORITIES

#1 #2 #3

Gaps in satisfaction were evident across all measures of communication, including listening, showing respect and particularly explaining things clearly. Notably, low-income participants of this effort's community conversations frequently address the need for better patient-provider communication. The greatest Medicaid-commercial satisfaction gap emerged when customers evaluated their doctors for spending enough time (68 percent for commercial and 60 percent for Medicaid).

These gaps could stem from the generally poorer health status - and thus greater number and complexity of health conditions - of Medicaid patients, requiring more support as well as time from providers. Also, health literacy gaps due to lower education levels may exacerbate the communication gaps for the region's population of Medicaid recipients. Finally, lower Medicaid reimbursement levels create financial incentives for providers to limit the time spent with such patients.

Medicaid plan customers also experience lower levels of satisfaction with how easy it is to obtain doctor's appointments, treatments and tests. This may be related to the fact that, relative to commercial plans, fewer providers accept Medicaid due to lower reimbursement rates.

#4 Make Healthy Choices

Many Western New Yorkers believe the region's health system needs to shift from reactive care to a more proactive approach to patient health by supporting awareness of and access to preventive care.

An assessment of key indicators of preventive health, including critical screenings, treatments and tests, as well as healthy lifestyle choices in diet and exercise, shows mixed results for Western New Yorkers.

In some cases - breast cancer screenings, for instance - the region is ahead of national average, even surpassing goals set by the federal government's Healthy People 2010 program. **Mammograms** are critical to the early detection of breast cancer, a disease that will affect one in eight women during her lifetime. **In Western New York, more**

An assessment of performance in priorities #4 and #5 are based on a mix of local and state data sources, including a major survey of Western New Yorkers (the Western New York Health Risks Assessment) and the New York State Department of Health.

Specific data on county performance across Western New York are available at www.rx4excellence.org

than four in five women obtain this screening, above the national average of 77 percent. All eight counties surpass the Healthy 2010 goal of 70 percent.

However, the region falls behind for two other key preventive measures - in awareness of cholesterol levels and obtaining prenatal care. An elevated blood cholesterol level is a key risk factor for heart disease, and awareness of this level is often the first step to modifying behavior. **Yet only 34 percent of Western New Yorkers know their cholesterol levels**, suggesting perhaps that they have not had a recent screening. It also could suggest a gap in understanding on how to read or interpret results, thus highlighting the importance of education as a complement to preventive screenings and tests in modifying behaviors.

Prenatal care monitors the health of the mother as well as the fetus, helping to ensure the birth of a healthy baby. **About two-thirds of expectant mothers in Western New York receive such care**, on par with New York State levels but far short of 84 percent at the national scale. Prenatal care is obtained at greater levels in the region's rural counties, while Erie County, the region's most urban county, falls at the bottom with a rate of 65 percent.

Western New Yorkers believe individuals need to play a proactive role in their health by making smart lifestyle choices. The region has far to go, however, if the federal government's Healthy 2010 goals are the barometer.

Fruit and vegetable consumption levels are abysmal across the U.S., and Western New York is no exception. On average, **25 percent of regional residents eat the recommended five or more daily servings of fruits and vegetables**, with rates slightly higher in the region's urban centers.

Poor diet and a lack of exercise likely contribute to the high number of Western New Yorkers above a healthy weight. **Nearly three in five in the region are overweight or obese**, putting themselves at a higher risk for chronic disease. While Western New Yorkers' waistlines are not as large as the average American, the region has far to go to reach the 40 percent overweight/obesity goal for Healthy People 2010.

The only healthy lifestyle indicator where a majority of Western New Yorkers are making the right decision is by not smoking, though the 75 percent of non-smoking Western New Yorkers is still proportionally lower than the rate across the state and nation.

Data Gaps: Incidence of healthy behaviors in children, and awareness and use of educational resources and programs to help patients understand the importance of healthy choices and preventive tests and treatments



#5 Increase Access to Care

Western New Yorkers want broader access to care in Western New York, for all populations, as a basic human right, though many appreciate the trade-offs and costs associated with universal health care coverage.

Health insurance is a basic need for all, and the foundation for accessible, affordable and quality health care. **A significant majority of Western New York adults —nine out of 10 – have some form of insurance coverage through a public or private plan**, compared to 87 percent in New York State and 86 percent nationally. The region's urban counties see the highest rates of insured, with 94 percent insured in Erie County. Those Western New Yorkers without coverage likely work for employers that do not offer health care benefits. They also may be unemployed but do not qualify – or are not aware of – government-sponsored plans such as Medicaid, Healthy NY or Family Health Plus. Few uninsured Western New Yorkers would be able to afford private coverage, which costs nearly \$12,000 a year for the least expensive HMO plan available as of June 2009 in Erie County.



Having a regular source of care is an important measure of care continuity, coordination and quality. Without a regular source of care, Western New Yorkers likely are not receiving care when they need it, nor are they getting care that considers their values and preferences. These individuals are also more likely to end up needing remedial care when manageable health problems spiral out of control.

In Western New York, for those who lack insurance coverage in the region, approximately one in five lacks access to a regular source of care such as a community clinic, hospital-based clinics or other safety-net providers. Gaps in regular care are highest in areas of the region with large populations living in poverty and where safety net providers are scarce. For instance, in Niagara County, where nearly one-third of the uninsured go without a regular source of care, there are major concentrations of poverty and not one Federally Qualified Healthcare Center, which provide comprehensive primary medical services regardless of the patient's ability to pay. On the other hand, one of the region's rural counties - Cattaraugus County - has far lower numbers, with only 7 percent of its uninsured population without regular care access.

In addition to the lack of actual care centers, additional barriers to care access include transportation gaps, education levels, cultural or language barriers and a lack of awareness of available resources, all of which the uninsured are more likely to experience than the average Western New Yorker. A ramification of the region's pockmarked safety net and limited access to regular, primary care is frequent use of hospital emergency departments, which not only effects health outcomes but also contributes to escalating health care costs.

Data Gaps: Number of Western New Yorkers who are underinsured or lack adequate coverage due to plan limitations or large deductibles and copayments, and demographic data on the region's uninsured population

How to Reach Excellence Together



Reaching for Excellence has taken the critical first step toward advancing health system quality improvement efforts in line with the values and priorities of the Western New York community. Western New Yorkers have given a clear directive to the system on what matters most to them for the future of health care in the region. Through data-driven evaluations, *Reaching for Excellence* has identified key areas of performance gaps, providing an information foundation to drive system redesign efforts and consumer choice. Western New York's health leaders have already made significant efforts to advance patient-centered care, establishing a firm foundation for quality improvement. At this point, key health system actors - from providers and payers to policy makers and patients - should join together in embracing the community's priorities, adopting a comprehensive, strategic approach for quality improvement and holding the system accountable for progress.

To guide the region's strategic efforts and related investments

toward achieving measurable quality improvement, recommendations focus on the top three priorities raised by Western New Yorkers.

Reaching for Excellence intends to be a partner for both the consumer and health leaders in the region by serving as the channel of reliable information about system performance at all levels. *Reaching for Excellence* will continue to guide new and support existing improvement efforts in the region by tracking progress on community priorities and expanding and enhancing performance measurement

tools. As a framework for advancing performance in the specific areas defined as priorities by the Western New York community, *Reaching for Excellence* offers the following strategic recommendations:

EMBRACE PATIENT PRIORITIES:

Leaders of health plans, hospitals and clinical groups in the region should continue to embrace the community's priorities to provide compassionate and holistic care that accounts for a patient's individualized needs, a more streamlined and efficient health care system and more open and effective communication with the patient at all stages of system interaction. Strong leadership backing, through vision and financial commitment, strategic development and staff training are the foundation for improvement efforts at all levels. This strategic vision should also be communicated to all employees at every level, from physicians to nurses to customer service representatives to billing staff and hospital custodians, with practical, simple recommendations for how their everyday tasks can be carried out with these overriding goals in mind.



Patients themselves must play a part in advancing progress

by taking a proactive approach to both their health and their interactions with the health system. This includes raising their expectations and demanding a delivery system that meets their needs. Patients must also engage in the process of becoming informed about their health care choices and self-advocating for their needs, to the extent that they can. The P² Collaborative of Western New York is leading an effort to engage consumers to partner with their physicians and adopt self-management skills.



National BEST PRACTICE: Planetree Alliance www.planetree.org

What if physicians and other providers had the opportunity to enhance their understanding and ability to incorporate the "human element" into relationships with patients, particularly in the most challenging of cases? Providing this service is the Planetree Alliance, a nonprofit organization committed to the transfer of best practices through annual conferences, access to experts, retreats for caregivers and more. Among the values of Planetree are that care is best delivered with compassion and a holistic approach to the patient, that friends and family are vital to healing, that information empowers and personal choice is essential.

Local BEST PRACTICE: P² Collaborative of Western New York www.p2wny.org

The P² Collaborative of Western New York, the region's Robert Wood Johnson Foundation *Aligning Forces for Quality* community, is dedicated to improving the health of Western New Yorkers and advancing patient-centered care initiatives. Its Practice Enhancement Associates (PEAs) assist primary care physicians to increase their operational efficiency and improve patient experience and outcomes. The Consumer Engagement Associates (CEAs) motivate consumers to build patient empowerment skills through resources and supports, including *My Health Counts*, an online resource center and public education campaign. See www.thinkbright.org/myhealthcounts.

CREATE IMPROVEMENT INCENTIVES:

Ultimately providers must function within the system they have inherited. Thus, performance on indicators for top community priorities in Western New York are tied to the structure of the regional and national health system – a broad and complex network of health policies, payment structures and legislative context. Reorienting the system around the needs of the patient requires first an appreciation that this approach pays, in terms of stronger outcomes and with respect to lower costs. In a fragmented system that rewards quantity over quality, costs has spiraled to unsustainable levels without parallel improvement of outcomes.

With some in the beginning stages, Western New York health plans should continue exploring options for tying provider reimbursement levels to the delivery of patient-centered care, including compassionate care, coordinated care and fluid, effective communication. Along the same lines, hospitals and clinical plans could tie staff compensation to patient satisfaction on related indicators. Efforts should also align with national efforts for reform to leverage available resources.



National BEST PRACTICE: Patient-Centered Medical Home www.pcpcc.net

What if your personal doctor knew your entire health history and family background, was accessible at all times, and coordinated a team of your doctors in the interest of getting you the care you need when you need it most? Gaining momentum across the nation is a medical practice model committed to patient-centered care while generating positive clinical outcomes. In response, insurers are changing their reimbursement models to reward practices for transforming into medical homes. For instance, among the many pilot programs across the country is the state of Colorado's program for family medicine residencies. As part of this program, five of the state's largest health insurers have developed a reimbursement policy rewarding the patient-centered model. The hallmark of the medical home is team-based care providing continuous, coordinated care. The model leverages health information technology to support open patient-provider communication, preventive care and operational efficiency at the practice level.

Local BEST PRACTICE: WNY Health Care Providers Piloting Medical Home Concept

Spurred by the Alliance of Community Health Plans' national push to test the patient-centered medical home model, several health plans in Western New York are in the midst of major piloting efforts. Among them are 140 physicians at 23 practices working with Independent Health, and 33 physicians at six practices within CIPA WNY IPA Inc., a partnership between the Catholic Health System and a network of associated physicians.

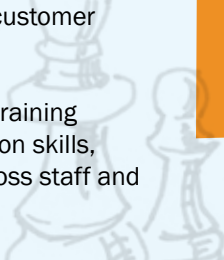
DEVELOP CARE IMPROVEMENT STRATEGIES:

Health system leaders in the region should build on existing efforts to alter care practices and policies to improve quality in priority areas. Efforts should also seek to identify patient subgroups contributing most significantly to performance gaps. Potential areas to address include:

Make the Human Connection: Develop financial and other incentives for providers to spend time with patients and enhance the patient-provider relationship, address staff shortages, stressed resources or high physician turnover.

Lose the Hassle Factor: Evaluate potential staff shortages or ineffectively allocated resources, inefficient or outdated scheduling and patient registry systems, cross-cultural communication barriers and customer service training gaps.

Help Me Understand: Assess gaps in training programs to enhance provider communication skills, including opportunities to transfer skills across staff and via collaboration with community resources.



National BEST PRACTICE: Two Words to Improve Patient- Provider Communication

www.mayoclinicproceedings.com/content/78/2/211.full.pdf

What if a physician could avoid that situation where just as a patient proceeds to share a rather important health concern, they start to wrap things up for their next scheduled appointment? Well several physicians at the Mayo Clinic have found the use of two very simple words can avoid this scenario and greatly improve patient-physician communication from the start of the encounter. The two words are "what else?" In addition to giving patients the opportunity to address additional concerns or symptoms, these words can transform the interview from one that is physician-focused to a patient-centered encounter facilitating information gathering, the patient-physician relationship and patient education. Physicians who use this style of interviewing have had enhanced rapport with patients and are less likely to be sued.

ENGAGE PROVIDERS, PATIENTS AND STAFF IN IDENTIFYING CHALLENGES AND POTENTIAL SOLUTIONS:

In formulating strategies for revising policies and procedures toward quality improvement on measures of patient-centered care, health leaders should engage those on the front lines of the patient encounter - providers, patients themselves and staff. Intake forms that ask patients about their cultural background, religious views, lifestyle, family, and other factors affecting their preferences could support a more holistic, needs-based approach to treatment. Focus groups, advisory councils and survey tools should also be implemented to engage providers, patients and staff in targeting opportunities for policy change and quality improvement. Several hospitals in the region are already taking advantage of staff insights in shaping more patient-centered care approaches.



National BEST PRACTICE: Schwartz Center Rounds

www.theschwartzcenter.org/programs/rounds.html

What if physicians and other providers in the area could learn from one another in strengthening their relationships with patients? The Schwartz Center Rounds offers clinicians this opportunity. Conducted at 165 sites (mostly hospitals) in 30 different states across the nation, the rounds are hour-long forums that bring together a multidisciplinary group of providers to discuss their experiences with patients and share new ideas for patient-centered care. The rounds have been effective in developing provider skills, generating new ideas for supporting patient-centered care and facilitating change in policy and practice within hospitals.

Local BEST PRACTICE: Transforming Care at the Bedside Collaborative

The Transforming Care at the Bedside model engages nurses and other frontline staff in identifying and implementing strategies to improve the quality and safety of patient care for hospital medical and surgical units. Mercy Hospital is at the forefront of embracing this model having funded its own initiative and completed the two-year project. Joining the collaborative are Erie County Medical Center and Medina Memorial Hospital, which have been awarded grants by Robert Wood Johnson Foundation's *Aligning Forces for Quality* to participate in this national effort to improve health outcomes.

INCORPORATE HEALTH INFORMATION TECHNOLOGY:

The region has taken a major step forward in integrating health information technology with the recent launch of HEALTHeLINK. Also, electronic medical records are seeing increased use by regional providers. Regional health care providers and policy makers should continue to support the implementation of health information technologies that could enhance the quality of patient-physician relationships and the delivery of coordinated care. This might include secure e-mail services for patient-provider communication and care follow-up, as well as other conveniences such as refilling prescriptions, scheduling appointments and getting test results. Online information resources could assist in delivering quality, evidence-based information to patients.



National BEST PRACTICE: MyGroupHealth

www.ghc.org

What if, with the click of a mouse, patients could request appointments with their doctor, e-mail their physicians with questions, view test results, request a prescription refill, complete a medical profile or browse through a library of medical information about their health conditions? MyGroupHealth, an online tool for members of Seattle-based Group Health Cooperative does just this. In addition to supporting more coordinated care and stronger patient-provider communication, the tool has paid dividends to this consumer-governed, nonprofit health care organization. Tens of thousands of members use the tool, more than half of which say they stay with Group Health Cooperative because of the conveniences this tool provides.

Local BEST PRACTICE: HEALTHeLINK

www.wnyhealthelink.com

HEALTHeLINK, the Western New York clinical information exchange, is a collaborative effort among various organizations to share clinical information in efficient and meaningful ways to improve the delivery of care, enhance clinical outcomes and help control health care costs in the region. Among its initiatives is an effort to develop community-based virtual medical records and ePrescription, a tool for physicians to write, order and monitor prescriptions. Sponsoring HEALTHeLINK are the Catholic Health System, Erie County Medical Center Corp., HealthNow New York (BlueCross BlueShield of Western New York), Independent Health Association, Kaleida Health, Roswell Park Cancer Institute, Univera Healthcare and New York State. HEALTHeLINK stakeholders also include a broad representation of health care professionals and organizations throughout Western New York.

SUPPORT THE COLLECTION OF BETTER DATA:

Simply by taking part on the CAHPS patient experience surveys, the region's hospitals and health plans demonstrate commitment to data-driven quality improvement. *Reaching for Excellence* is committed to furthering this goal by tracking progress over time on this current set of indicators, as well as adding new and more revealing measures of performance in priority areas as they are developed.

The region generally lacks physician level performance data that would allow patients, health plans and hospitals to identify top-performing doctors on the indicators that matter most to them. Western New York health plans, hospitals, physicians and health care planning leaders are already supporting implementation of the CAHPS Clinician and Group survey, which would generate provider-level information about health care quality on the indicators already used to measure Western New York system performance, while generating new measures for the community's top three priorities.

Among the potential expansions to *Reaching for Excellence* from this data set are patient wait times in doctor's waiting rooms, how well doctors follow up with patients with results of blood tests, X-rays or other tests, the helpfulness of clerks and receptionists in doctor's offices, how often patients get questions to their doctor

asked over the telephone answered on the same day, and how well doctors appear to know important information in a patient's medical history. Health providers should also support the collection and reporting of patient demographics on CAHPS surveys which would support more targeted quality improvement efforts and related outreach in the community.



Local BEST PRACTICE: Moving Forward for Physician-Level Data

Together with the P² Collaborative of Western New York, the region's three commercial health plans are exploring region-wide implementation of the CAHPS Clinician & Group Survey in 2010. Assessing patient experiences with physicians and their office staff, including group practices, individual providers and provider networks, survey findings will guide quality improvement and inform consumers in selecting health care providers. These data enhance *My Quality Counts*, a web portal allowing physicians to view their aggregated quality measures based on data provided by the three commercial health plans.

We can shape a stronger future for health care in WNY

Reaching for excellence

Community Vision and Voices
for Western New York Health Care

Reaching for Excellence intends to be a partner for both the consumer and health leaders by serving as the voice of the community on their priorities for health care, a channel of reliable, useful information on system performance and a forum for ongoing dialogue about opportunities for quality improvement.

*Find data on WNY health
system performance in
priority areas*

*Read about what the
community wants for
health care in the future*

*View recommendations and
best practices for improving
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*Attend our Speaker Series for
lessons in health care from
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Get Informed & Get Involved

Speaker Series

Strengthening Western New York's health system begins with taking lessons from other regions. The *Reaching for Excellence* Speaker Series showcases best practices and communities of excellence in health care, with expert presentations, regional leadership reactions, accompanying research publications and audience discussion.

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- Urban Safety-Net
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