

NEW YORK STATE
DEPARTMENT OF HEALTH

Promotion
Access
Response
Quality
Research

STRATEGIC REPORT

Mission

We protect, improve and promote the health, productivity and well-being of all New Yorkers.

Vision

New Yorkers will be the healthiest people in the world – living in communities that promote health, are protected from health threats, and have access to quality, evidence-based, cost-effective health services.



Message from the Commissioner

The New York State Department of Health is charged with protecting the health, productivity and well-being of all New Yorkers. Working with both internal and external partners, the Department has prioritized the following key goals:

- Promoting the health of all New Yorkers;
- Assuring access to essential health care services;
- Responding to public health emergencies and disasters;
- Improving quality in all care settings;
- Conducting world-class research to promote and ensure health.

2012 will go down in history as the year of Hurricane Sandy, an extraordinary circumstance that tested our ability to effectively respond to a series of unprecedented events and challenges. In a year of notable health care issues and achievements, our hurricane response effort evidences a strong record of efficiency, coordination and collaboration which ultimately assured the citizenry's health. Throughout the extensive health care facility evacuation effort necessitated by the storm, no lives were lost. New York is rebuilding – more informed by our experience – with an eye toward the future in which a sustainable, responsive health system is our primary goal.

Underscoring this effort is the statewide Health Benefit Exchange. Established by Governor Andrew M. Cuomo in April 2012, over the coming years the Exchange will significantly reduce the cost of health insurance coverage for more than one million individuals and employees of small businesses across the state. Similarly, access to high quality health care delivered in the most appropriate setting is an ongoing goal of the Department. To date, Governor Cuomo has allocated more than \$370 million in grants to 40 hospitals and nursing homes throughout the state for the purpose of improving primary and community-based care, reducing costs by eliminating excess bed capacity and lessening overreliance on inpatient care in hospitals and nursing homes. New York streamlined the certificate of need process to reduce costs and increase efficiency for those health care organizations and facilities seeking to undertake significant construction projects, service reconfigurations, or changes in ownership. At the same time, New York has been focusing on prevention. This year we completed our new state health improvement plan, the “Prevention Agenda 2013-2017,” as a catalyst for action for improving community health and reducing health disparities.

In years to come, New York will continue on this path of promoting population health and assuring the highest quality health care. Our goal is to provide the best possible outcomes in the most efficient manner for all New Yorkers.

NIRAV R. SHAH, MD, MPH

Commissioner

New York State Department of Health



Promoting the Health of All New Yorkers

Population health promotes healthy communities. Facilitating this goal means making healthy choices the default in all aspects of life and assuring effective, efficient access to high quality care for all New Yorkers. It means designing new prevention initiatives that engage various sectors of society, including government, business, schools, communities, health care and work sites. At this time, New York is evolving from a traditional public health approach to a far more holistic multi-sector perspective that is evidence-based, employing measured performance results and data to support both policy and program initiatives.

Chronic diseases such as cancer, diabetes, heart-related illness, stroke and asthma (along with associated risk factors) consume more than 75 percent of the nation's health care budget. New York spends similarly. At the same time, there is not sufficient attention paid to prevention in the community. Many residents do not receive recommended preventive care and management including screening tests, counseling

and immunizations, which aid in the early detection of health problems, prevent disease and halt progression and complications. Tobacco exposure, poor diet and lack of exercise are the leading underlying preventable causes of illness and death in the population.

This year, the New York State Department of Health worked with the Public Health and Health Planning Council and over 140 organizations to create the "[Prevention Agenda 2013-2017](#)." The Agenda laid out a set of objectives and actions to promote health, emphasize healthy living and minimize the devastating effects of chronic health problems, including the financial burdens that result. The Prevention Agenda has five priority areas: prevent chronic diseases; promote healthy and safe environments; promote healthy women, infants and children; promote mental health and prevent substance abuse; and prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and health care-associated infections.

The Agenda serves as a blueprint for action for local health departments, hospitals and community partners. Together these entities are charged with developing community health assessments that identify at least two local priorities, including one that addresses a health disparity, and development of community health improvement plans that describe evidence-based interventions that address the selected priorities.

Public Health Accreditation

The DOH submitted an initial application for accreditation from the national Public Health Accreditation Board. Public health department accreditation is a new process to measure department performance against nationally defined standards, and recognizes those health departments that meet those standards. The goal of public health accreditation is to advance the quality and performance of all health departments throughout the nation. In 2013, the Department will be submitting documentation describing how it meets the national standards. A decision on accreditation is expected by the end of the year.



Obesity

The problems resulting from childhood and adult obesity have reached epidemic proportions in New York State (NYS) and across the nation. Nationally, 17 percent of American children and adolescents aged two to 19 years are obese, and obesity prevalence among adults exceeds 35 percent. Obesity is the second-leading preventable cause of death in the U.S. and may soon outrank tobacco as the leader. By 2050, obesity is predicted to shorten life expectancy by two to five years.

New York currently ranks second highest among states for medical expenditures attributable to obesity, which currently costs more than \$11 billion dollars annually. Controlling obesity has the potential to save the state hundreds of millions of dollars. More importantly, failing to win the battle against obesity

will mean premature death and disability for a growing segment of New Yorkers. For the first time in history, children are predicted to have a shorter lifespan than their parents. We must take strong action to reverse the obesity epidemic.

New York's obesity initiatives are multifaceted. From birth and throughout the lifespan, the DOH supports programs and policies that promote healthy weight. Beginning with breastfeeding, DOH policies support mothers, business practices and laws that promote breastfeeding practices; early child care interventions include quality nutrition, increased physical activity and reduced screen time. The current WIC foods list is being redesigned to promote healthier eating. For school-age children, the Department has established and promotes nutrition standards and supports NYS Education Department physical

education requirements. Additional health interventions include increasing insurance coverage for a suite of obesity and diabetes prevention and treatment services and increasing the capacity of primary care providers to implement screening, prevention and treatment measures for obesity in children and adults. Community interventions include increasing adoption of food procurement and vending policies based on the "Dietary Guidelines for Americans" among public and private employers; implementing innovative practice-tested interventions in childcare settings; partnering with communities to increase the availability and accessibility of places to be physically active; increasing the healthful quality of foods offered for sale at local restaurants and corner stores; and promoting the establishment of farmers' markets in low-income neighborhoods.

Selected Prevention Agenda population health goals for 2017 include:

100%

Adults with health care coverage

100%

Population living within a jurisdiction with state-approved emergency preparedness plans

90%

New moms receiving early prenatal care

80%

Population who receive an early-stage breast cancer diagnosis

90%

Two-year-olds who receive the recommended vaccines

80%

Adults who engage in some type of leisure time physical activity

New Food Package Helps Reduce Obesity in Children

For some children in the state, the obesity trend has been reversed. Recent statistics indicate that pediatric obesity is declining in New York State for the 400,000 infants and children under age five in the Supplemental Nutrition Program for Women, Infants and Children (WIC). This is thanks to a healthier food package introduced by New York State in 2009.

Maternal, Infant and Child Health

A healthy life start for all infants is a primary Department objective. New York continues to address key population indicators of maternal and infant health, including low birth weight, prematurity and maternal mortality. Access to health insurance and routine preventive health care services that are essential for promoting health across the life span are supported and promoted.

To ensure that all New Yorkers receive appropriate care, the Department is investing in community-based programs to improve maternal and infant health outcomes in targeted high-need communities, as well as initiatives to reduce racial, ethnic and economic disparities. The Department is also moving forward with a social marketing campaign to increase the number of pregnant and new moms who subscribe to the Text4baby messaging service.

New York's efforts have resulted in reductions in the rate of premature births. In 2011, the number of premature births in New York State declined, giving babies a healthier start. In 2009, 12.2 percent



of New York's babies were born before 37 weeks gestation. As of 2011, New York's rate dropped to 10.9 percent – better than the national average of 11.7 percent.

In addition, each year more than half a million babies are born in the United States before 37 weeks gestation, putting them at higher risk for infant death, as well as breathing problems, low blood sugar and other complications that often result in longer hospital stays in neonatal intensive care units. As these premature babies grow, they are more likely to develop significant health problems such as cerebral palsy, mental retardation, vision and hearing problems, and learning difficulties.

The New York State Perinatal Quality Collaborative seeks to reduce scheduled deliveries between 36 and 38 weeks gestation without medical indications. New York State has made great strides

to date, with planned cesarean sections and induced births between 36 and 38 weeks gestation dropping by two-thirds in the state's regional perinatal centers from 2009 to 2011.

Once the epicenter of the national pediatric HIV epidemic, New York State met one of the two Centers for Disease Control and Prevention (CDC) goals for elimination of mother-to-child transmission (MTCT) of HIV with a rate of 0.7 percent in 2010 and just under one percent in 2012. This remarkable public health accomplishment represents an almost 97 percent decline in cases of MTCT reported since 1997. Since 1997, NYS's efforts are estimated to have saved at least 749 infants from a lifetime of living with HIV, averting more than \$215 million in HIV-related medical expenses for the care of these infants.

The WIC program promotes good nutrition and healthy weight gain for 125,000 low-income pregnant, postpartum or breastfeeding women, as well as 400,000 infants and children up to the age of five. Since introduction of the healthier food package:

14.2%

The proportion of obese children aged two to four decreased from 14.6% to 14.2%. Obesity in one-year-olds fell from 15.1% to 14.2%.

69.4%

More children aged two to four were switched from whole milk to low-fat or nonfat milk, increasing from 66.4% to 69.4% of the WIC population.

91.6%

In children aged one to four, 91.6% ate at least one fruit daily, and 80.8% ate at least one vegetable daily. Whole grain consumption rose by 9.1%.

77.5%

Breastfeeding initiation rose by 7% to 77.5% of WIC infants, and more mothers delayed introducing solid foods until after four months of age.



To provide a tobacco-free society for all New Yorkers, the Prevention Agenda seeks to:



141%

Increase the utilization of smoking cessation benefits among smokers who are enrolled in Medicaid managed care by 141%.

18%

Decrease the prevalence of cigarette smoking by adults by 18% from 18.4% in 2011 to 15.0% by 2017.

30%

Decrease the prevalence of any tobacco use by high school-age students by 30%.

22%

Increase by 22% the number of first-time callers to the NYS Smokers' Quitline from 163,428 in 2011 to 200,000 a year by 2017.

Smoking

Tobacco addiction is the leading preventable cause of morbidity and mortality in New York. Cigarette use alone results in an estimated 25,000 deaths annually in the state. There are estimated to be 570,000 New Yorkers afflicted with serious disease directly related to smoking and exposure to secondhand smoke. Smoking-related health care costs in New York exceed \$8 billion annually, including \$3.3 billion in Medicaid expenditures. Moreover, smoking-related illnesses result in another \$6 billion in lost productivity.

New York State has made great strides in increasing the number of locations that are now smoke-free environments, ranging from places where New Yorkers live, to where they shop, to the workplace. This past year, Pyramid Mall Corporation, which owns 11 mall properties across the state, adopted a 100 percent smoke-free grounds policy, along with more than 40 other employers, including colleges, libraries and local businesses. More than 40 municipalities adopted tobacco-free policies in 2012, prohibiting smoking near building entryways, at parks, playgrounds, beaches, and on campus grounds, protecting more than 2.5 million New Yorkers from secondhand smoke. This brings the total of municipalities adopting such policies to over 170 statewide. Nearly 30 multi-unit housing properties adopted smoke-free policies, allowing New York residents of more than 4,000 housing units, including many low-income housing properties, to breathe clean air. New York State's Clean Indoor Air Act was amended to prohibit smoking within 100 feet of the entrances, exits, or outdoor areas of any private or public elementary or secondary school.

Assuring a Healthy Environment

The Department is responsible for identifying and investigating human exposures to possible hazards and assessing health risks to determine their public health significance across an array of evolving circumstances. The Department's Environmental Public Health Tracking Program consistently tracks core environmental hazards and health effects potentially related to exposure to these hazards. Notable among recent activities is an ongoing assessment of the potential health impacts of high-volume hydraulic fracturing. Other efforts to help safeguard public health include: activities to help reduce exposures to pesticides; consumption advisories to help people reduce exposure to contaminants in the fish they catch; a program to temporarily relocate people who experience heating oil spills in their homes; a range of injury prevention activities; developing health-protective criteria for chemicals in air, water and soil; managing a statewide network of occupational health clinics;

and providing low-cost radon detection kits. The Department also performs research to help better understand the relationship between environmental factors such as climate change, and illness and disease. Core measures in our environmental health programs include: asthma, cardiovascular disease, cancer, adverse birth outcomes, adult and childhood blood lead, and exposure to air pollutants such as particulate matter, radon and ozone.

The Healthy Neighborhood Program targets geographic areas with unmet environmental needs and focuses on asthma, fire hazards, tobacco use, indoor air quality, radon and lead paint. About 7,000 dwellings are assessed each year. Lead poisoning prevention efforts include conducting lead hazard assessments and control for children identified with blood lead levels of $>15 \mu\text{g}/\text{dL}$. Last year, there were 631 referrals, 981 dwellings investigated, 11,969 field visits conducted and 597 homes identified with lead hazards.





Architectural rendering of the new Bedford-Stuyvesant Family Health Center in Brooklyn, NY, opened in April 2012. The new facility more than triples the square footage of its previous space, and allows offering of expanded services to about 20,000 people in an area with below-average health indicators.

Protection of public drinking water is assured through regulatory oversight of the design and operation of public water supplies, bottled and bulk water suppliers, and the certification of drinking water system operators. In addition, the Department oversees the review of realty subdivisions, sets standards for constructing individual water supplies and individual wastewater systems, and conducts engineering review of recreational water supplies.

Environmental radiation protection is assured through licensing and inspection of facilities that use radioactive materials and radiation-producing equipment (X-ray and mammography). There are currently more than 11,000 X-ray facilities and over 1,000 radioactive materials facilities in New York State regulated by the Department.

Eliminating Health Disparities

The Office of Health Disparities Prevention was created under the leadership of Governor Cuomo and Commissioner Shah to incorporate and build upon the work accomplished by the Office of Minority Health and the Minority Health Council. This office serves as a statewide resource for eliminating health disparities across all impacted populations. It works with government systems, public/private partners, communities, and individuals to strengthen the health care delivery system, so it can provide high quality, affordable and accessible health care to all New Yorkers.

The Office of Health Disparities Prevention is working to develop programs and

initiatives toward ending health disparities and build on existing minority health programs. It will also maintain its collaborative relationships with the HHS Office of Minority Health, the State Partnership Program and the National Stakeholder Strategy to Achieve Health Equity.

The Minority Health Council

The Minority Health Council brings together more than 30 partners to participate in discussions regarding interagency collaborations toward improving the health of racial, ethnic and underserved populations in New York State. The Council continues to explore ways to address broad quality of life issues that influence health outcomes and how they intersect with the social determinants of health.

Rural Minority Health Program

The Department's Rural Minority Health Program, implemented through collaboration with health departments in rural counties seeks to improve understanding of rural minority health in New York and draw on this knowledge to support interventions designed to expand health

insurance coverage, and increase health services utilization and access to care. The Program's poster "New York: We're Not Just Urban! Strategies for Addressing Health Disparities in Rural New York" received "best poster" honors at the National Rural Health Association's Multiracial and Multicultural Health Conference held December 4, 2012 in North Carolina.

Organ Donation

New York State has taken multiple proactive steps to increase the number of persons registered as organ donors. In New York, just 18 percent of the eligible population is enrolled in the [Donate Life Registry](#), far below the national per-state average of 43 percent. New York is working to increase its number of registry enrollees, and by year's end hopes to expand registration numbers to 21 percent of the state's citizens aged 18 years or older.

To achieve this goal, the DOH – working closely with the Department of Motor Vehicles, Information Technology Services, and various organ donor organizations and advocates – established an electronic organ donor system to enable online registration. This effort is already showing impressive results, with more than 10,500 New Yorkers enrolling as organ donors since the new system was implemented in April 2012. This has raised the overall percentage from 18 percent to 20 percent, a percentage point away from the stated goal.

In recognition of this achievement, the New York Alliance for Donation (NYAD) honored New York State with the Donate Life America Award for being one of only four states nationwide with the highest rate of increase in organ donation consent (approximately nine percent).





Assuring Access to Essential Health Care Services

Medicaid

New York's Medicaid program serves over 5 million enrollees who have a broad array of health care needs and challenges.

In January 2011, Governor Cuomo created the [Medicaid Redesign Team](#) (MRT) to identify ways to increase quality and efficiency in the Medicaid program and to reduce costs. Since the creation of the MRT, more than 200 distinct initiatives to lower health care costs and improve quality care for New York's Medicaid members have been developed and many have been implemented. Major highlights include:

Global Medicaid Spending Cap

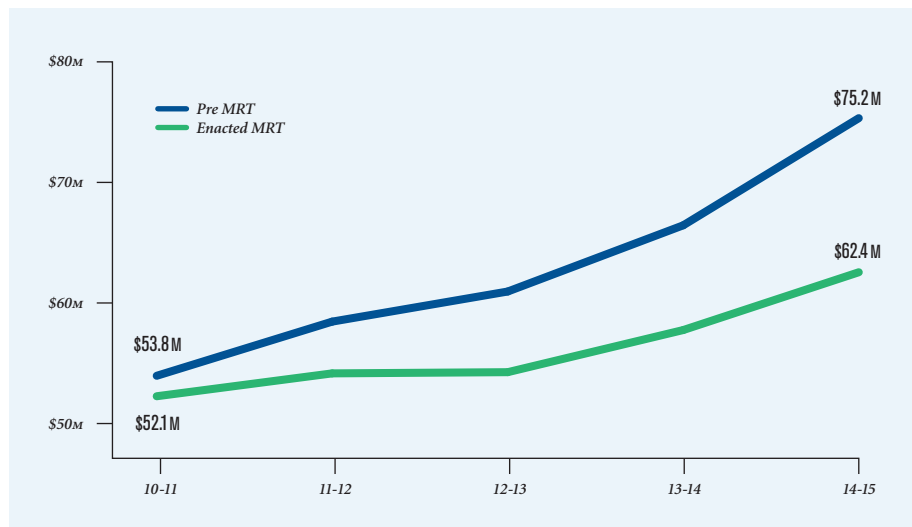
The 2012-13 Enacted Budget set a cap on state Medicaid spending of \$15.9 billion in 2012-13. The Medicaid cap is consistent with Governor Cuomo's goal to limit total Medicaid spending growth to no greater than the ten-year average rate for the long-term medical component of the Consumer Price Index (currently estimated at four percent). New York Medicaid spending finished the 2011-12 fiscal year \$14 million under the Global Spending Cap without reducing benefits, while providing health

insurance coverage to an additional 140,000 low-income New Yorkers.

Care Management for All The MRT established a goal of having all Medicaid enrollees served in care management by April 2016. This initiative, called "Care Management for All," began in state fiscal year 2011-12 with major state law changes. When fully implemented, enrollment in care management will rise from 77% to 95% of the Medicaid population, and

fee-for-service (FFS) spending will ultimately drop to only 5% of all Medicaid spending. Of the approximately 273,617 enrollees that will remain in FFS, most are statutorily or programmatically excluded from care management due to partial eligibility rules or having another carrier as their primary insurer. Also, an additional \$24 billion in annual Medicaid spending (relative to a state fiscal year 2011-12 base) will have moved from FFS to care management.

New York State Medicaid Expenditure Growth Before and After MRT (2010-11 Base Year)



Health Homes A “health home” is a care management service model whereby an individual’s caregivers communicate with one another so that all of a patient’s needs are addressed in a comprehensive manner. While the majority of Medicaid enrollees are healthy and require only access to primary care practitioners to obtain episodic and preventive health care, there are several population groups who have complex medical, behavioral, and long-term care needs that drive a high volume of high-cost services, including inpatient and long-term institutional care. Health homes promote better coordination among health providers and across social service organizations, and in turn, improve health and reduce Medicaid costs. Currently, we have 50 health homes operating in 57 counties.

Health Benefit Exchange

On April 12, 2012, Governor Cuomo issued an executive order to establish a statewide Health Benefit Exchange. Working with stakeholders, legislators and numerous organizations, the Department has made significant progress in the planning and development of the Health Exchange. In all, New York has received nearly \$370 million in federal funds to establish the Health Exchange. Additionally, in recognition of the state’s progress, on December 14, 2012, the U.S. Department of Health and Human Services (HHS) granted New York conditional approval to operate a state-run Health Exchange.

Open enrollment in New York’s Health Benefit Exchange will begin October 1, 2013,



with coverage starting January 1, 2014. It is estimated that at full implementation, one million New Yorkers will enroll in and obtain insurance through the Exchange, including 615,000 individuals and 450,000 small-business employees.

Health Care Workforce

New York is working to assure that all New Yorkers have access to primary care through a variety of initiatives to promote the health care workforce and provide services, particularly in high need or traditionally underserved neighborhoods. One of these initiatives is the Doctors Across New York (DANY) Physician Practice Support and Loan Repayment program, which provides \$100,000 to \$150,000 to physicians who agree to practice in an underserved community for at least two years. Since 2008, these programs have provided \$16.5 million to 150 physicians to work in New York’s underserved communities.

To assure an adequate supply of physicians over the coming decade, the DANY Ambulatory Care Training program awards funding to educational institutions and ambulatory care sites to train medical residents and students. Over \$10 million has been awarded to 17 educational institutions at 43 freestanding ambulatory care sites.

The Primary Care Service Corps places non-physician clinicians practicing primary care, oral and behavioral health in New York’s underserved areas. In 2012-13, \$500,000 in loan repayment, plus an additional \$500,000 in matching federal funds, will allow 33 clinicians to serve in these areas.

The Health Workforce Retraining Initiative has, during the last year, been retooled to train workers in emerging models of collaborative, interdisciplinary and team-based care, including care coordination, case management, health education and chronic disease management. Since 1998, the Department has awarded over \$350 million to more than 300 organizations and trained over 150,000 health care workers.

Promoting Efficiency in the Health Care System

Certificate of Need The [Certificate of Need \(CON\) Program](#) is a review process, mandated under state law, that governs the establishment, ownership, construction, renovation and change in service of specific types of health care facilities. These facilities are required to submit a CON application and obtain approval from DOH and/or the Public Health and Health Planning Council prior to making changes to their facilities and/or services.



Dr. Katie Pangia, a Doctors Across New York participant, who practices in Ticonderoga, NY.

The objectives of the CON process are to promote delivery of high-quality health care and ensure that services are aligned with community need. The CON process provides DOH oversight in limiting investment in duplicate beds, services and medical equipment which, in turn, limits associated health care costs.

Applications for certification of providers and licensure of facilities are submitted to the DOH's Division of Health Facility Planning for prior review and approval.

In 2012, the Department worked closely with key stakeholders to redesign

the CON process. This initiative will improve the timeliness of the CON application process. A distinct reporting category will be created to track CON applications that increase primary care access. These reforms were adopted by the Public Health and Health Planning Council in December, and we are confident these refinements will significantly streamline and improve the CON process.

Capital Access In October 2012, Commissioner Shah convened a panel of national experts who discussed how to enhance health care providers' access

to capital in NYS. The event, entitled "Improving Capital Access for Health Care Providers in New York State," featured leaders from the health care sector, finance industry and professional services arena who provided insights into the current environment and the future implications of health care reform. They also highlighted how health systems in other regions in the U.S. have implemented innovative solutions to successfully leverage capital to enhance services and facilities to meet increased public needs.

Numerous marketing campaigns help spread the word about safe and healthy behaviors to all NYS residents. Targeted media outlets and social marketing sites are used to assure that all New Yorkers receive important information. The following are a few examples of the multiple topics and media for outreach that the Department used to assure that critical information is shared with all New Yorkers:



Hepatitis C

During the past year, a Hepatitis C awareness campaign was distributed through a [video ad](#) on the MTV network. Designed to reach New Yorkers 19-24 years old, it was determined to have a significant impact and delivered nearly one million impressions during a month-long campaign.



Tobacco Control Program

The Department airs emotionally provocative and graphic commercials that are associated with an increasing likelihood of quit attempts and reduced consumption of cigarettes among smokers.



WIC Program

New WIC participants are now able to view a [video](#) on YouTube that provides information on WIC benefits and tips for healthy meals. This video is used by WIC enrollment sites as an easy and effective communication tool.



Healthy Eating

The iChoose600[®] campaign is designed to support low-income mothers in the four counties of New York State (outside New York City) that are enforcing existing menu labeling legislation: Albany, Schenectady, Suffolk and Ulster. It encourages use of menu labeling to make healthy meal choices when dining out. We currently have nearly 14,500 "likes" (followers) on our iChoose600[®] [Facebook page](#).



Sexual Health

Responsible sexual health is promoted to young adults through a [Facebook campaign](#) that encourages them to build healthy relationships. In response, there were over 30,000 "likes"



Responding to Public Health Emergencies and Disasters

Planning and preparation provide the foundation for effective emergency response and recovery. Since September 11, 2001, it has been clear that public health has a crucial role to play when an emergency situation demands an efficient, collaborative and effective response effort. The Department aligns with local health departments (LHDs), health care facilities and associations and other key partners to ensure that

every county and regulated entity is prepared to act when the unexpected occurs.

Since 1999, the Department has strategically used Public Health Emergency Preparedness (PHEP) and Hospital Preparedness (HPP) funding to build a comprehensive Health Emergency Preparedness Program in New York State. Collaboration at all levels and among all partners has been the key to success.

This PHEP funding supports initiatives throughout the Department, other state agencies, LHDs and the private sector, that form a matrix-based organization that leverages existing expertise and experience. HPP funding supports hospitals, hospital and long-term care associations, and the Medical Society of the State of New York. The Office of Health Emergency Preparedness provides leadership and coordinates these efforts to support a robust, integrated preparedness and response program.



First responders and other critical partners run a hazardous materials response drill in the field.
Top: Hurricane Sandy approaches New York State.

All Hazards Health Emergency Preparedness and Response

Significant accomplishments achieved include the development of a comprehensive, flexible and scalable All Hazards Health Emergency Preparedness and Response Plan (HEPRP) that is the cornerstone of the Department's emergency planning and response. The HEPRP is used to guide response for every type of emergency the state faces. The Department contracts with all 57 LHDs, (outside of New York City) to ensure they have emergency response plans.



Top: New York City Health Commissioner Thomas Farley, Commissioner Shah, and NYS Office of Health Insurance Programs Deputy Director Nikhil Natarajan at the Health Care Emergency Evacuations Coordination Center in Brooklyn, NY. Left: Residents of the Park Inn Home in Rockaway Park, NY, are evacuated prior to the arrival of Hurricane Sandy. Center: The operating room at Bellevue Medical Center in New York City during the height of the storm. Lights and critical equipment were kept online with generators powered by fuel brought in by the National Guard. Right: Commissioner Shah assesses the storm damage to Ocean Promenade Nursing Center in Rockaway Beach, NY.

The Department assures an effective response in multiple ways. Regional and LHD epidemiology staff conduct critical field work. Rapid Internet epidemiologic reporting systems are in place to detect suspect illness and provide complete, real-time information as an emergency unfolds. A health alert and notification system allows DOH to send and receive alerts, advisories and informational messages to all preparedness stakeholders. The state's Medical Countermeasure stockpile is maintained to accept, manage, distribute and dispense assets to hospitals, clinics, and providers.

Hurricane Sandy

New York's emergency response capabilities were put to the test when addressing Hurricane Sandy. Working with federal, state and local partners, the Department quickly mobilized resources to assure

the health and safety of all residents in impacted health care facilities and issued a series of informational guidelines. These covered topics such as respiratory health, drinking water, insurance plan information, operational pharmacies, mobile medical van deployments, carbon monoxide, food safety, mold and flooding resources.

The Department led a multi-organizational team to ensure that patients and residents of health care facilities damaged by Hurricane Sandy remained safe and continued to receive health care services. Staff worked around the clock to manage the safe evacuation of more than 6,000 residents of nine hospitals, 25 nursing homes and 22 adult care facilities to surrounding hospitals, nursing homes and shelters with available beds and services. The Department also established four

temporary adult care facilities to safely house additional displaced residents.

In addition, Department staff coordinated the uninterrupted delivery of health care services to millions more in affected areas. The Department established a provider hotline to assist health care facilities and providers with their efforts to continue to provide quality health care and obtain needed supplies, staffing and equipment needed to operate during the crisis. The Department worked with the federal Centers for Medicare and Medicaid Services to grant waivers to enable providers to effectively and efficiently respond to community needs.

The Department has successfully facilitated the reoccupation of all health care facilities evacuated as a result of the storm and all displaced residents have been safely repatriated or relocated to appropriate settings.

During the critical days of Hurricane Sandy, the Department responded to more than **70** press inquiries, issued **11** press releases, and received **12,500** page views on the DOH Hurricane Sandy preparedness and response website. Additionally, **85** Facebook posts before, during and after the storm resulted in a total reach of nearly **20,000** and more than **52,000** impressions. In all, the Department engaged nearly **1,100** users, and of those users, **481** shared information with others and **532** posted information, questions or stories. The Department also posted **126** tweets on its Twitter page. Additionally, the Department distributed more than **50,000** publications to storm-affected communities and Disaster Recovery Centers.



Improving Quality in All Care Settings

Maximizing Essential Tools for Research Innovation and eXcellence

The Department launched the Maximizing Essential Tools for Research Innovation and eXcellence (METRIX) Project in August 2011. The METRIX Project is a multi-year open government initiative designed to improve access to Department data assets and expand creative use of this data beyond government by encouraging innovation and collaboration among stakeholders. “Let’s use health data to empower New Yorkers, spur innovation, and inspire creative collaboration to improve the quality of New York’s health care delivery system, and public health overall,” said Commissioner Shah.

In December 2012, the Department and the METRIX Project were cited in

the Committee for Open Government’s annual report to the Governor and New York State Legislature. The report referred to the Department as a “trailblazer in developing accessible open datasets” and noted that “ready access to the Department’s datasets (via the former METRIX Data Catalog) has made them more useful to those within government, those in the private health care sector, and average citizens.” In February 2013, the Spending and Government Efficiency (SAGE) Commission’s report was publicly released outlining innovative ways to transform New York State government to make it more modern, accountable and efficient. The report highlighted METRIX as a “good example of the potential benefits from releasing nonconfidential government data.”

This past March, Governor Cuomo unveiled open.ny.gov, a new data website that will allow researchers, policymakers, academia and the general public to easily access the volumes of valuable data collected and utilized by New York State agencies, local governments, and the federal government. In conjunction with the launch of open.ny.gov, the DOH also launched, through METRIX, a new health open data site: health.data.ny.gov.

Health.data.ny.gov is the only known open data site in the United States devoted solely to state health data that is accompanied by targeted public health messaging, extensive metadata, and customized visualizations. Through the METRIX Project and health.data.ny.gov, the Department is regarded as a state government leader within the open data community, and has been heralded as a model for other states. When health.data.ny.gov launched, Bryan Sivak, Health and Human Services’ chief technology officer and HealthData.gov innovator, praised the Department’s efforts by stating, “Unlike other states,



the state of New York has developed a website specific of open health data... Commissioner Shah and his team see that there is great potential in the use of health data to solve some of health care's most complex problems."

Office of Quality and Patient Safety

The Office of Quality and Patient Safety was established and charged with assuring that all New Yorkers, in any region or care setting, have access to health care services that are safe, of the highest quality and consistent with the best available evidence. To help accomplish this vision, this new office will promote data-driven surveillance of regulated health care facilities, quality improvement through health information analysis and reporting of quality data. It will also promote system changes and clinical practices that reduce unintended harm to patients and promote quality health care for all citizens of New York. Priorities of this new office which will be implemented during the coming years include:

Data Improvement, Sharing, and Transparency De-identified data sets from multiple programs will be made available to internal and external researchers to inform research on high priority health quality and access initiatives.

Hospital Report Card Development of a comprehensive, up-to-date, health care provider quality dashboard using both federal and state datasets and

quality measurement initiatives for use in directing oversight and surveillance activities of hospitals and other health care facilities and for informing the public.

Quality Improvement and Patient Safety Measurement of the quality of care delivered in all sites and by all payers will be a key focus of this Office as will patient safety in all care settings.

Electronic Health Record Adoption and Meaningful Use

In 2010, HHS nationally allocated \$34 billion in funds to promote the adoption of electronic health records (EHRs) by Medicaid and Medicare professionals and hospitals. The funding was to be broken down between eligible professionals (e.g., physicians, nurse practitioners) and hospitals. New York was one of seven initial states who joined in a multistate challenge to maximize the number of eligible professionals and hospitals who met the "meaningful use" milestones and received incentive payments for 2011 and 2012.

New York established the goal of having over 6,000 Medicare and Medicaid eligible professionals receiving incentives for 2011-2012. As of December 2012, we dramatically exceeded this goal, with 9,320 eligible providers receiving \$508.3 million in incentives. Two hundred twenty three hospitals have also qualified for incentive payments. The number of hospital and eligible providers will continue to increase in 2013 and we anticipate more than

10,000 eligible professionals will receive incentive payments.

Adoption of electronic health records is a building block in the migration to a patient-centered health care system that rewards outcomes. Adoption also continues to leverage investments the state has made in the Statewide Health Information Network of New York. By adopting, implementing and upgrading certified EHRs and achieving "meaningful use" of the technology and exchange of the information, the vision for increased quality and efficiency of care received by New Yorkers can now be realized.

All Payer Database

Transforming health care to address cost, access and quality issues requires a broader view of population health and the performance of the health care system than current resources permit. To allow for the collection of information that can strengthen health care planning and decision making, New York State signed into law legislation to create the All Payer Database (APD).

The APD will store data collected from all major public and private payers, such as insurance carriers, health plans, third-party administrators, pharmacy benefit managers, Medicaid, and Medicare. In addition, the APD will enhance existing Department databases including the Statewide Planning and Research Cooperative System (SPARCS) and the Medicaid data warehouse. SPARCS collects clinical and



The New York Digital Health Accelerator is a program run by the New York eHealth Collaborative and the Partnership Fund for New York City for early- and growth-stage digital health companies that are developing cutting edge technology products in care coordination, patient engagement, analytics and message alerts for health care providers.

The program's participating providers are actively looking for new technology products that will help them effectively implement the new health home model, which is part of New York's Medicaid redesign initiative. These technologies are expected to improve patient health as more people with multiple chronic illnesses are transitioned to this new managed care model. At left, Patricia Meisner, president and cofounder of ActualMeds, a new firm that develops electronic medication management and reconciliation technology for high-risk patients.

demographic information on all hospital discharges, emergency department visits, ambulatory care visits and hospital outpatient service visits.

The Department received initial funding for All Payer Database (APD) planning activities through two federal Health Benefits Exchange Establishment grants and is working closely with national organizations and stakeholders to develop and deploy this database. As part of its planning efforts, the Department issued a Request For Information for the APD; responses received from the request continue to inform Department's strategy.

Currently, the Department is working to promulgate regulations, finalize data specifications and identify a technology solution. The APD will be developed in phases, incorporating additional health datasets and providing increased value over time. Multiple business areas within the DOH and the Department of Financial Services (DFS) are working to better align the APD with complementary policies and systems currently underway. These efforts include working with the Health Benefits Exchange and the Office of Quality and Patient Safety to leverage opportunities for greater efficiency.

Sepsis

New York will lead the nation by being the first state to require all hospitals to adopt best practices for the early identification and treatment of sepsis. The state has

enacted regulations that will require every hospital in New York State to identify and implement a Department-approved sepsis recognition and treatment protocol that aligns with proven best practices.

Since adults and children require different standards of care, we will require procedures to address separate treatment protocols. Staff with direct patient care responsibilities, plus key staff like laboratory and pharmacy technicians, will be required to satisfy training requirements based on these protocols. To ensure oversight and facilitate continuing research, we will collect and make available data on implementation and effectiveness.

New York is excited to lead this initiative. For over a decade, experts and advocates have been calling for action on this critical issue. All New Yorkers deserve the benefit of proven sepsis protocols no matter where they seek care. Working together to make this a reality, New York will become a life-saving model for the nation.

Hospital-Acquired Infections

The Department's [fifth annual report](#) on hospital-acquired infections found that since 2007, the number of central line-associated blood infections acquired by patients while in New York hospitals declined by 41 percent. The report also found that the rates of surgical site infections for selected procedures dropped by 13 percent, while the rate of *Clostridium difficile* infections rose by 3 percent

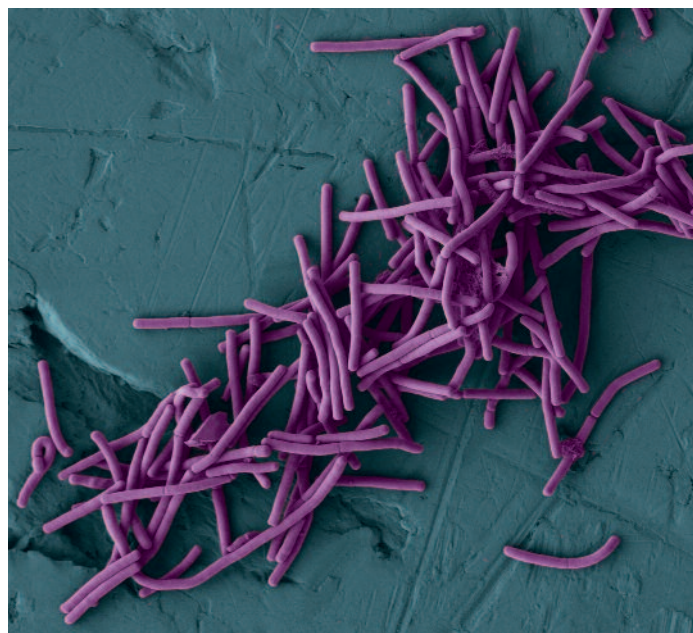
(though part of that increase may be attributable to the increased use of more sensitive laboratory tests).

The findings of this latest report are positive, but we will continue to work with hospitals to achieve additional reductions. Hospital-acquired infections are preventable and we will encourage health care providers to adopt best practices to better protect patient safety.

New York has realized remarkable success as infection rates for targeted HAIs have fallen markedly since the program began, generating significant cost savings and improving patient safety. Central line-associated bloodstream infections fell by 41 percent overall. In surgical intensive care units, central line-associated blood infection rate decreased 57 percent, and surgical site infections decreased by 13 percent.

The *Clostridium difficile* hospital-onset infection rate increased 3 percent from 2010 to 2011, but increased use of more sensitive tests may contribute to the rise. Although it is difficult to predict a trend from only two years of data, DOH considers reducing these infections a priority.

The decline in New York hospital central line-associated blood infections since 2007 not only prevented illness for patients, but also led to an estimated savings of \$12 to \$48 million due to decreased length of hospital stays and reduced need for additional treatment.



Left: Twelve-year-old Rory Staunton died four days after contracting a sepsis infection through a minor scrape on his arm. His parents, Ciaran and Orlaith, are vocal advocates for the sepsis protocols now required at all hospitals in New York State. Right: *Clostridium difficile* infection has been associated with taking antibiotics, which can disrupt normal bowel bacteria populations and produce an overgrowth of *C. difficile* bacteria.



World-Class Research to Promote and Ensure Health

Wadsworth Center

The [Wadsworth Center](#), the research-intensive public health laboratory of the New York State Department of Health, is dedicated to “science in the pursuit of health.” It conducts innovative, multi-disciplinary research, using complex diagnostics and novel detection methods. High-tech instrumentation, state-of-the-art laboratory services and a dynamic scientific community are vital components of the Wadsworth Center.

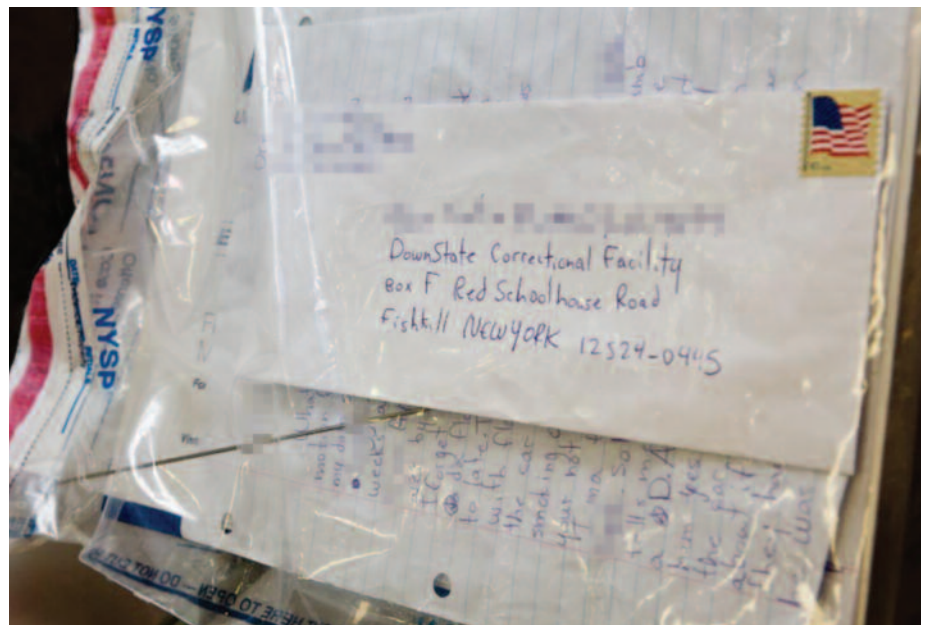
Building on a century of excellence as the state’s public health laboratory, the Center entered the 21st century as a premier biomedical institute that merges clinical and environmental testing with fundamental, applied and translational research.

Diagnostic and Reference Laboratories

At New York’s preeminent public health laboratory, Wadsworth Center scientists diagnose diseases of public health importance; develop rapid, molecular-based tests for detecting pathogens, including bio-threat agents; and perform complex,

reference-level tests not readily available elsewhere. They also determine the presence and concentration of environmental toxicants, and explore the relationship between exposure and disease. We’re proud of the fact that Wadsworth is one of 10 regional laboratories designated by the

CDC for biomonitoring of chemical threat agents, toxicants and their metabolites. New York is also one of 10 states in the CDC Emerging Infections Program for its surveillance, prevention and control of emerging infectious diseases, as well as its superior lab capacity.



Threat letter submitted by law enforcement to be tested for biothreat agents such as Bacillus anthracis and ricin, using technologies that can detect nucleic acid or proteins from these dangerous pathogens and toxins. Top: Wadsworth scientists use highly sensitive research methods to measure levels of heavy metals and environmental toxins in human samples.



Left: A newborn's blood specimen is collected from a heel prick onto specialized filter paper testing forms. Right: Wadsworth scientists test banknotes from around the world to compare BPA levels across populations in nations with varying regulations.



Newborn Screening New York's youngest citizens get off to a healthy start thanks to a comprehensive program that screens all infants for detectable, treatable conditions. An acknowledged leader in newborn screening, Wadsworth Center capitalizes on technological and medical advances, making newborn screening the Center's largest program. The state of Missouri recently contracted with the Center for their Krabbe disease newborn screening.

Salmonella Whole Genome Sequencing Project The Wadsworth Center is playing a national leadership role in assessing the potential of whole genome sequencing (WGS) technology to improve detection of food-borne illness outbreaks and investigations of the sources of these outbreaks. Current typing methods do not provide the requisite resolution for certain bacterial strains such as *Salmonella* serovar Enteritidis (SE). In a proof of

principle study published in peer-reviewed literature, laboratory staff collaborated with FDA and Cornell University analysts to sequence whole genomes of 93 SE isolates that included two outbreak clusters. The study demonstrated that implementation of WGS in a state laboratory is feasible and would enhance surveillance and management of SE by revealing previously untraceable outbreaks.

Biomonitoring Studies Examine the Potential for Bisphenol A Exposures Wadsworth conducted pioneering human biomonitoring studies on the occurrence of bisphenol A (BPA) in currency notes, paper receipts, and paper products, and the widespread exposure of Americans, including New Yorkers. BPA, produced in quantities of over eight billion pounds each year worldwide, is used in the production of polycarbonate plastics, and in the resin lining of food and beverage cans. BPA is now being found in foodstuffs and house

dust, as well as in human urine and breast milk. BPA is an endocrine-disrupting chemical. Human exposures to BPA have been associated with a wide array of adverse health outcomes, including obesity and diabetes. As concern grows regarding the toxic effects of BPA, it is gradually being replaced in many consumer products with compounds such as bisphenol S. Changes in regulations for the use of bisphenols in some countries have changed the patterns of bisphenols found in urine. The method developed in the laboratory is being applied for a large-scale study on the exposure of newborn babies in upstate New York to BPA for examining the association of exposure to health outcomes.



Wadsworth Center's Newborn Screening Program accomplishments include:

46/6

Screening of 46 conditions through use of 6 methodologies

10/68

Operating 10 hours each week day with staff of 68 professionals

250,000

Screening of approximately 250,000 infants annually and subsequent reporting of over 11 million results

25,000

Responding to 25,000 monthly requests for results via a voice response system

70

Referring infants to more than 70 specialty treatment centers

7,000

Responding to 7,000 monthly phone calls for referrals and follow-up treatment with physicians and the public



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