



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

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Dear Colleagues:

It is the end of yet another busy year for the Department of Health. I would like to devote this letter to highlighting some of the important issues we faced in 2017, as we look forward to what's to come in 2018.

Drug-resistant illnesses continued to emerge in 2017, along with limited outbreaks of preventable diseases throughout the state, reminding us of the importance of immunizations, hygiene, prevention, and rapid response. Throughout the year, the Department has been working extensively with hospitals, nursing homes, and healthcare leaders in New York City and surrounding areas to respond to *Candida auris* (*C. auris*). This fungal infection is frequently resistant to antifungal medications and can cause severe illness in patients with serious underlying medical conditions. According to the Centers for Disease Control and Prevention (CDC), over 170 clinical cases have been confirmed across ten states. As of early December, New York State (NYS) had 114 cases of confirmed or probable *C. auris* involving 100 NYS facilities, including 40 hospitals, 58 long-term care facilities (LTCF), one long-term acute care hospital (LTACH), and one hospice. Roundtable discussions and full day trainings on implementing strict infection prevention and control and environmental cleaning and disinfection measures provided facilities with tools to interrupt transmission. Finally, the Department initiated a pilot to test the benefit of screening for *C. auris* upon facility admission in high-risk areas. Training webinars can be accessed at:

https://www.health.ny.gov/diseases/communicable/c_auris/providers/.

An outbreak of mumps at Syracuse University (SU) currently has 149 confirmed or probable cases. The outbreak was contained to the campus, with only five cases identified outside of SU. The Department worked closely with the Onondaga County Department of Health and SU to address the outbreak and implement appropriate prevention and control measures including implementation of five large vaccination Points of Dispensing (PODs) and several smaller clinics to provide a third dose of MMR vaccine to students, per CDC guidance. More than 4,760 doses were administered. In Westchester County, there were six cases of hepatitis A associated with a restaurant in Port Chester, NY. A seventh case resided in Connecticut, but ate at the same restaurant. The Westchester County Health Department has administered over 3,000 vaccinations for hepatitis A to restaurant patrons who ate there during the exposure period.

We have more evidence that prevention and access to care can make a difference. The number of people newly diagnosed with HIV in New York State has fallen to historic lows. In 2016, there were 2,881 new HIV diagnoses in New York State, a nine percent decrease from 2015. This decrease is more than double that of the five years leading up to New York's 2014 "Ending the Epidemic" initiative, when decreases averaged less than four percent annually. New diagnoses among gay, bisexual, and other men who have sex with men fell 12 percent between 2015 and 2016, the second straight annual decrease after virtually no change in over a decade. New York leads the nation as the state with the largest percent of individuals within the

population on PrEP, thanks to new program initiatives that expanded access to PrEP. The number of Medicaid recipients taking PrEP medication has increased more than 24 times since 2012, while the number of uninsured persons accessing services through the PrEP Assistance Program has risen 600 percent in the last 18 months. There is now evidence-based confirmation that the risk of HIV transmission from a person living with HIV who is on antiretroviral therapy (ART), and has achieved an undetectable viral load in their blood for at least 6 months, is negligible; the broader HIV-affected community refers to this as “Undetectable = Untransmittable”, or U=U. The Department was the first state health department to endorse the Prevention Access Campaign Consensus Statement on U=U, which was followed swiftly by CDC’s endorsement.

Alongside these successes, there are areas in which we can do better. New York has one of the lowest rates of organ donor registration in the nation. This year, several actions were taken to change that. An Executive Order was signed directing state agencies to improve access to the registry, a modernized, online, social-media connected registry was launched, two laws were signed to increase organ donations and, for the first time in eight years, new organ transplant programs were approved including the first-ever heart transplant program on Long Island. These approvals were part of a broader initiative to work with providers to create a “Culture of Donation” focused on a health facility-centered approach to improving donation rates. These actions are starting to have an impact on the number of people registered to be organ donors. In 2017 alone, more than 500,000 people have registered to be donors – bringing the statewide total to an historic high of 4.8 million registrants. Almost ten thousand people in New York need a life-saving transplant. Please take a moment to register, if you have not, and encourage your residents, staff, and patients to register too, at: www.health.ny.gov/donatelife.

Also this year, the Department launched a major overhaul of the policies and regulations that govern the licensure and oversight of healthcare facilities. Through the Regulatory Modernization Initiative (RMI), six workgroups were convened to solicit recommendations from health care providers, consumers and payers to streamline and improve policies, regulations and statute. The workgroups included: Integrated Primary Care and Behavioral Health; Telehealth; Post-Acute Care Management Models; Long-Term Care Needs Methodologies; Cardiac Services; and Off-Campus Emergency Departments. The significant changes resulting from the RMI process include: the expansion of locations from which telehealth encounters can originate; the creation of a new “Limited Integrated License” that will make it easier for medical, mental health and substance use disorder services to be provided in a single clinic; new innovative models for providing healthcare services at home following discharge from a hospital; and increasing access to high-quality interventional cardiac services. In 2018, additional regulatory areas in need of streamlining and improvement will be taken up through the RMI process.

A drive to address social determinants of health and to reduce health disparities is infused throughout the work of the agency. Every aspect of government and the economy has the potential to affect health and health equity. At the state level, I, along with the Acting Director of the NYS Office for the Aging, co-chair the Governor’s Health Across All Policies Initiative, which asks state agencies across the board to consider how their work impacts health and aging. Within the agency, our Office of Minority Health and Health Disparities Prevention’s health equity reports (<https://www.health.ny.gov/statistics/community/minority/>) can tell you about health outcomes in your community. These reports, along with the healthy homes initiatives within our Center for Environmental Health, the NYS Prevention Agenda 2013-2018 (https://www.health.ny.gov/prevention/prevention_agenda/2013-2017), our participation in the Governor’s Vital Brooklyn Initiative, and the newly-established Bureau of Social Determinants

within the Medicaid program whose work is targeted towards value based payments (VBP), DSRIP, and Medicaid, all represent ways we are working with individuals, communities, government, and public/private partners to bend the curve on the effects of social determinants. Achievements in improving social determinants are now being linked to VBP in Medicaid and are a part of the future of provider reimbursements. You can learn more about VBP by attending a boot camp

(https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_bootcamp/2017_sessions.htm)

As the end of the year approached, New York reached two milestones. First, New York has been designated as the first age-friendly state in the nation by AARP and the World Health Organization. Second, New York was ranked the tenth healthiest state, up from its ranking as the 40th healthiest state in 1990, and from number 18 in 2012, marking the largest five-year gain of all 50 states in the 2017 annual "America's Health Rankings" report. Both achievements are the result of New York State's Prevention Agenda, the blueprint for improving the health of all New Yorkers and reducing health disparities and "Health Across All Policies," and Governor Cuomo's FY 2017 State of the State initiative that directs all New York State agencies to include health and healthy aging in state agency policy-making.

One final note, as I write this letter, the fate of the Affordable Care Act, Child Health Plus, and many other federal programs we rely on to support the health of residents of New York remains uncertain. I am pleased to report that New York is committed to doing all we can to keep our residents healthy and sustain their access to care. The deadline for signing up for insurance coverage that starts on January 1, 2018 in our state-run health exchange marketplace, NY State of Health, has just passed. As of the close of business on that day, enrollment in NY State of Health reached over 4.1 million people, exceeding enrollment on the same day last year by 700,000. And most will receive financial assistance to help pay for coverage.

In New York we believe that health and healthcare are of paramount importance. We have taken decisive actions to protect New Yorkers, ensure that consumers would have continued access to essential health benefits and reproductive health services regardless of changes at the federal level. In the coming year, we will continue our tireless efforts to make New York the healthiest state for people of all ages.

I thank you for all you do to contribute to that goal. Have a happy and healthy new year!

Sincerely,

Howard A. Zucker, M.D., J.D.