

## Brooklyn Healthcare Delivery System

### Healthcare Problems, Summary

Resource	Primary Topic	Key Points	Category
Brooklyn MRT Health Systems Redesign Work Group	Brooklyn Hospital Future Viability	1 Several hospitals in Brooklyn are on the brink of shutting down because of payor mixes skewed towards public payors causing low operating margins, high long term debt burdens, and a lack of flexibility in responding to the changing marketplace of healthcare delivery. This makes the hospitals unable to effectively serve their communities over the long term.	Finance
		2 Hospital inpatients are less complex to treat and their discharges are declining. ED utilization has increased significantly particularly with the recent closure of hospitals in the community. This is leading to an overall decrease in revenue for hospitals.	Finance
		3 15% of residents are uninsured in Brooklyn with the rates as high as 25% in certain areas. Hospitals are also burdened by the high rate of underinsured. This is associated with above average unemployment and below median household income compared to the city and the state.	Insurance
		4 Residents of Brooklyn have higher rates of chronic diseases and smoking than the New York City average. In 2009, 26% of adults were obese, 11% of adults had diabetes, and 31% of adults had high blood pressure. Chronic disease screening rates are below the citywide and statewide rates in these same areas.	Health Indicators
Brookdale Hospital Community Service Plan 2009	Community Health Needs Assessment	5 There are ethnic disparities associated with chronic diseases particularly among African Americans.	Health Indicators
The Need for Caring in North and Central Brooklyn	Community Health Needs Assessment	6 There are high rates of unnecessary ED utilization and hospitalizations for preventable illnesses.	Utilization
Woodhull Medical Center CHNA 2013	Community Health Needs Assessment	7 Higher than statewide average inpatient psychiatric services are being utilized in the borough with many inpatient facilities closing and outpatient facilities still not restored after Hurricane Sandy.	Access to Care
Brooklyn MRT Health Systems Redesign Work Group	Brooklyn Hospital Future Viability	8 23% of Brooklyn residents lack a primary care provider. There are no strong primary care and community-based specialty care networks across communities which indicates a fragmentation of the healthcare delivery system.	Access to Care
Brooklyn Healthcare Improvement Project (B-HIP), SUNY Downstate	Healthcare in Northern and Central Brooklyn	9 Patients face long wait times and limited access to weekend/after-hours primary care -- which are only 16% of the clinic hours available in Brooklyn.	Access to Care
Brooklyn MRT Health Systems Redesign Work Group	Brooklyn Hospital Future Viability	10 Health Professional Shortage Areas are associated with the incidence of poverty in Brooklyn neighborhoods. This indicates an uneven distribution of primary care facilities and providers.	Access to Care
		11 Outmigration of patients from Brooklyn to hospitals in Manhattan has increased between 2006 and 2010. Individuals generally go outside of their neighborhoods for care because a specialist is not available in their neighborhood or were referred to a physician outside of their neighborhood.	Utilization

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The Need for Caring in North and Central Brooklyn	Community Health Needs Assessment	12 Using public transportation leads to traveling more than 30 minutes to access healthcare facilities.	Access to Care
Kings County Hospital CHNA 2013	Community Health Needs Assessment	13 Communication between patients and providers is difficult because of language barriers. A great deal of Brooklyn residents have limited English proficiency with those 5 years or older 25% claiming to speak English "less than well" according to the 2010 US Census.	Access to Care

**Proposed Solutions**

The Need for Caring in North and Central Brooklyn	2013 Community Health Needs Assessment	1 Increasing the number of primary care medical homes, urgent care centers, comprehensive ambulatory care centers, and mental health facilities within the community will improve access to appropriate levels of care and alleviate unnecessary utilization of EDs and hospitalizations for preventable conditions.	Access to Care
Maimonides Medical Center Community Service Plan 2011	Community Health Needs Assessment	2 Widespread adoption of the Brooklyn Health Information Exchange will allow for improved care coordination between hospitals and the entire range of healthcare providers in the community.	Collaborative Efforts
Brooklyn Healthcare Improvement Project (B-HIP), SUNY Downstate	Healthcare in Northern and Central Brooklyn	3 Hospitals should implement patient navigator programs and collaborate with community organizations to effectively engage (in a linguistically and culturally competent manner) and inform patients and residents with regard to access to health screenings, acquiring health insurance, accessing the appropriate levels of care to meet their health needs, and self-management of chronic health conditions.	Access to Care
New York Community Hospital Community Service Plan 2009	Community Health Needs Assessment	4 Advisory boards composed of community stakeholders should be organized to provide feedback and continuously improve services offered by hospitals and community-based facilities.	Collaborative Efforts