

B-HIP Final Report Appendix

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Appendix 1: B-HIP Timeline

March 1, 2009 – Official Project Start Date (Contract period 3/1/09 – 2/28/11)

July 31, 2009 – Execution by NYS Comptroller of B-HIP contract with State

November 2009 – First funding disbursement

January – March 2010 – Project Coordinator, Canvassing Study and Administrative Assistant hired

March 2, 2010 – First meeting of Steering Committee

April – June 2010 – B-HIP team visits to individual coalition partners

June 10, 2010 – 1st Coalition meeting

July 19, 2010 – Canvassing study launched

August 20, 2010 – Canvassing of providers in all 15 targeted zip codes completed

September 2010 – Request submitted to State for “no-cost” extension to September 2011

September 30, 2010 – IRB approvals from all 6 hospitals received for ED studies

November 18, 2010 – Mission and Vision approved at Coalition meeting

January 2011 – 1st round ED patient survey, part 2 completed

January 21, 2011 – Presentation of preliminary B-HIP findings to NYS DOH in Albany

March, 2011 – ED staff survey completed

April 28, 2011 – B-HIP staff meet again with NYS DOH in Albany for information sessions

June 2011 – Community Advisory Board formed

August 2011 – 2nd round ED patient survey completed

August 2011 – PI Grace Wong gave testimony to the Medicaid Redesign Team (MRT) Brooklyn Work Group

September 21, 2011 – B-HIP presentation to Brooklyn MRT

1st Quarter 2012 – Finalization of data analysis

2nd Quarter 2012 – Formulating recommendations as a group, aided by Community Advisory Board

Appendix 2: B-HIP Coalition Member Profiles

State University of New York (SUNY) Downstate Medical Center is the sponsor of the B-HIP. SUNY Downstate is one of the nation's largest urban medical centers and the only academic medical center for the nearly five million people living in Brooklyn, Queens, and Staten Island. SUNY Downstate includes Colleges of Medicine, Nursing and Health Related Professions, a School of Graduate Studies and a School of Public Health. The two clinical inpatient campuses, University Hospital of Brooklyn at Flatbush and University Hospital at UCH serve a very large and diverse population in the communities of Central and Northern Brooklyn. Numerous departments and offices contributed to the B-HIP including the Division of Managed Care and Clinical Business, Office of Planning and the School of Public Health.

The New York City Department of Health and Mental Hygiene (NYC DOHMH) is the local health department. Its mission is to conduct regulation, education and research aimed at improving the entire spectrum of local public health-related services. The DOHMH's evidence-based approach to improving the health of New Yorkers continues to set the standard for national public health programs. NYC DOHMH is an important source of local health care information/statistics, and databases utilized by the B-HIP and its personnel have provided substantial expertise related to design/implementation of the Project's research studies on community health care resources.

The Brooklyn Borough President's Office (BBPO). The Brooklyn Borough President (Marty Markowitz) is an advocate for Brooklyn residents, representing the borough's interests and priorities within city government and at the state and federal level. His foremost policy priorities include finding effective ways to create more affordable housing, improve public education, eliminate health disparities, and keep crime down, while promoting economic development that expands opportunity for all residents. Among other things the Borough President works on the borough and citywide annual, reviews major land use decisions and proposes sites for city facilities within Brooklyn, and also convenes hearings to receive city agencies' testimony on issues of public concern. The BBPO has provided free meeting facilities to the B-HIP Coalition since the beginning of the project.

Hospital partners (SUNY Downstate Medical Center/University Hospital of Brooklyn, Kingsbrook Jewish Medical Center, Kings County Hospital Center, Interfaith Medical Center, Brookdale University Hospital & Medical Center, and Woodhull Medical & Mental Health Center) include six major medical centers serving Northern and Central Brooklyn. Each shares a primary mission of providing high quality medical care for patients. All are fully-licensed, Article 28 hospitals with ambulatory care, inpatient, and emergency department services.

Health plan partners are Healthfirst, HealthPlus/AmeriGroup, Aetna, Wellpoint/Empire BCBS, MetroPlus Health Plan, Emblem-HIP/GHI, Neighborhood Health Providers, 1199 NBF and United Health Care. The nine insurance company members include both commercial and Medicare/Medicaid plans. The basic mission for each organization is to finance high quality medical care for its members, in the most cost effective manner possible. The health plan partners' databases of participating providers, members health utilization and associated charges have informed the B-HIP statistical analyses on preventable ED use and hospitalizations as well as primary care utilization.

Community health center partners are the Bedford Stuyvesant Family Health Center (BSFHC) and the Brownsville Multi-Service Family Health Center (BMS). The essential mission of both organizations is the provision of quality primary health care in community settings. Both are Federally Qualified Health Centers and have achieved Patient Centered Medical Home recognition by

the National Committee on Quality Assurance. Serving the residents of Bedford Stuyvesant, Crown Heights, Bushwick and Fort Greene for over 27 years, BSFHC offers comprehensive primary care and preventive services - including prenatal health, OB/GYN, chronic disease management, HIV/AIDS prevention and treatment, dental, pediatrics, and nutritional education. Serving Brownsville and Central Brooklyn since 1982, BMS provides and promotes integrative and high quality medical, dental, and social services to enable every individual and family in the communities it serves to achieve total health.

The Brooklyn Chamber of Commerce. As a community that supports and advocates for its member businesses, the BCC's mission is to promote a healthy and robust business environment in Brooklyn by advancing public policy, new technologies, products, services and programs that support and promote a vibrant local economy.

Brooklyn Congregations United (BCU). Founded in 2007, BCU is a multi-ethnic, congregation-based community organization developing powerful grassroots community leaders and building strong relational networks within and among congregations to change conditions for families in Brooklyn in particular health care. Its coalition includes faith-based Local Organizing Committees from 22 member congregations comprised of 10,000 congregants across Brooklyn.

Brooklyn Perinatal Network (BPN). Established in 1988, BPN is a network of community organizations committed to improving the health and well-being of youth and families through linkage to culturally appropriate services to optimize health. BPN enables at-risk residents to access vital information, coordinate care, supportive health and social supportive services and secure public health benefits. BPN also facilitates collaboration and partnership to coordinate services and affect public policy.

CAMBA. Based in Central Brooklyn CAMBA is a non-profit agency that provides services that connect people with opportunities to enhance their quality of life. Established in 1977, CAMBA serves more than 35,000 individuals and families, including 8,000 youth, each year, providing family support services, HIV/AIDS services, housing and economic development, education and youth development, and legal services.

Caribbean American Chamber of Commerce (CACCI). Founded in 1985, CACCI is a statewide membership organization with expertise in providing business assistance to small and start-up business owners, in areas of business planning, financing, and certification.

Caribbean American Women's Health Association (CWAH). For three decades CWAH has provided comprehensive and culturally-sensitive health, immigration and social support services to low income, minority and immigrant women and families in Brooklyn. CWAH also serves as an advocacy group and strongly relies on community involvement in planning, implementation and evaluation of programs that meet the community's health and social support needs.

The Christopher Blenman and St. Gabriel's Senior Centers are both fully licensed senior centers located in Brooklyn. Each has a core mission of promoting the health and well-being of senior citizens served through their programs. These programs' personnel and clients provided unique perspectives concerning ED/primary care issues pertinent to senior citizens.

The Coalition of Behavioral Health Agencies, Inc. is the umbrella advocacy organization of New York's behavioral health community. It represents over 100 non-profit community based behavioral health agencies serving more than 350,000 clients in the five boroughs of New York City and beyond. Founded in 1972, the Coalition provides advocacy, training and technical assistance projects.

Local Community Boards (CBs). There are 59 of these local representative boards throughout the New York City and 18 in Brooklyn. CB members are selected by the Borough Presidents and City Council from among active, involved people of each community, with an effort made to assure that every neighborhood is represented. Meetings occur monthly, are open to the public and a portion of each meeting is reserved for the CB to hear from members of the public. The CBs also regularly conduct public hearings on various issues to solicit community input.

Novartis Pharmaceuticals Corporation. A US affiliate of Basel, Switzerland-based company, Novartis researches, develops and markets patent-protected prescription drugs for important health needs. Novartis believes that all Americans deserve access to quality health care, including prescription medicines, education about their disease or condition, and information on the medicines they take.

The Primary Care Development Corporation (PCDC). PCDC is a not-for-profit organization dedicated to expanding access to timely, effective primary and preventive care by providing capital investment, performance improvement, consulting and training services to primary care providers in underserved communities. PCDC also leads and supports successful policy initiatives that increase access to quality primary care, improve the health of communities, and lower health system cost.

United Hospital Fund (UHF). Founded in 1879, the UHF is a nonprofit health services research and philanthropic organization whose primary mission is to shape positive change in health care for the people of New York. the Fund has played a central role in addressing critical health care issues facing New York, and in the founding of many of the organizations and institutions that today help define the city's health care landscape, including the Greater New York Hospital Association, Empire BlueCross BlueShield, United Way of New York City, and the New York Blood Center. More recently, the Fund has supported the creation of PCDC, New York City AIDS Fund, New York Society for Health Planning, and New York Cares.

WCBS Community Partnerships. WCBS works with non-profit organizations, government agencies and socially responsible private sector companies to create multi-media campaigns designed to influence the voluntary behavior of target audiences, tailored to the unique perspective, needs, and experiences of each target audience for the purpose of inducing social change in order to improve their personal welfare and that of their society.

Appendix 3: B-HIP Staff – Includes in-kind as well as paid

Present Staff:

Kim Brown, Assistant to the Vice President, Office of Planning
Lori Bruno, MPA, Associate for University Planning
Eleanor Chin-Wardwell, MBA, Researcher/Analyst
Dorothy Fyfe, MPA, Co- Investigator
Michael Gusmano, PhD, Consulting
Michael Lucchesi, MD, MPH, Adviser
Nkiruka Nwokoye, JD, Project Coordination Support
John Trombley, MBA, Sr. Financial Analyst
Nancy Victor, MHS, MPA, Senior Planning Associate
John Vona, GIS Programmer
Dan Weisz, MD, MPA, Senior Researcher
Grace Wong, MBA, MPH, Principal Investigator

Former Staff:

John Adelaine, Volunteer Organizer
Latasha Allen, MPH, Planning
Howard Berliner, ScD, Researcher
Vincent Brewington, Grant Writer
Robb Burlage, PhD, Project Director,
Russell Flood, MD, Adviser
Jordana Kritzer, MD, Community Organizer, Analyst
Priya Pasram, MPH, Project Coordinator
Marcia Pinkett-Heller, MPH, Group Discussion Facilitator
Paule Seide, Administrative Assistant
Jeanne Stellman, PhD, Co-Investigator
Canvassers
ED Surveyors

Appendix 4: Compact Disc

Contains:

- 1. Canvassing Project Provider Directory for Northern and Central Brooklyn**
- 2. B-HIP GIS Files/Data Warehouse**

List of GIS Files¹

- A. **Focus Study Area** - created from the boundaries of 15 United States Postal Service Zip Codes. The source zip code data was obtained from the New York State GIS Clearinghouse.
<http://gis.ny.gov/>
- B. **Hot Spots** - created from the boundaries of the 2010 United States Census Tracts. The tracts were chosen based on highest ACSC Rates of Total Admissions and then checked against ACSC Rates of ED Visits that formed into a cluster in an area. The source census tract boundaries are at <http://www.census.gov/>
- C. **Canvas Data** - created by geocoding the address table of all canvassed locations. The geocoding service used to perform this function was provided by the New York City Department of City Planning LION street file. This file was created by B-HIP.
<http://www.nyc.gov/html/dcp/>
- D. **Institutional Data** (Hospital/Clinic Affiliated) - created by geocoding the address table of all surveyed Hospital locations. This table was created by B-HIP.
- E. **Disease Types** - created from New York State SPARCS data addresses that were geocoded to the New York City Department of City Planning LION street file and then clipped to the 2010 United States Census Tracts. This file was created by B-HIP.
- F. **Insurance Types** - created from New York State SPARCS data addresses that were geocoded to the New York City Department of City Planning LION street file and then clipped to the 2010 United States Census Tracts. This file was created by B-HIP.
- G. **2010 Census Data** - census tract boundaries and demographics data were downloaded from the United States Census Bureau. Tables were joined by tract numbers for population and income data. <http://www.census.gov/>

GIS Methodology

A Geographic Information System (GIS) integrates hardware, software, and data for capturing, managing, analyzing, and displaying all forms of geographically referenced information. GIS allows

¹ All shapefiles provided are spatial located in coordinate system NAD 83 State Plane New York Long Island FIPS 3104 Feet

us to view, understand, question, interpret, and visualize data in many ways that reveal relationships, patterns, and trends in the form of maps, globes, reports, and charts.²

The GIS files created and used for the B-HIP were produced from various software packages: Microsoft Access, Microsoft Excel, IBM SPSS and ESRI ArcGIS. All of the data was fed into an ESRI geo-database for spatial location into state plane coordinates for visualizing onto a map of Brooklyn, New York.

The methodology used to create these GIS layers included tracing of the 15 US Postal Zip Code boundaries to determine the focus study area. In addition, we geocoded the address points of SPARCS data based on the New York Department of City Planning LION street layer. The resulting point file was then clipped to the 2010 US Census Tract boundaries. Frequencies were then run in SPSS to determine the ACSC rates based on census tracts using 2010 population figures. Disease rates and insurance types were also determined using this same methodology. By mapping these rates, we were able to determine high need areas geographically on the map and determine our Hot Spot locations.

Canvassing and Institutional data was entered into an Access database and then geocoded using the same method for locating each provider location.

² <http://www.esri.com/what-is-gis/overview.html>

Appendix 5: Canvassing and ED Survey Instruments

Date: _____ C	anvasser: _____	CD #: _____	Zip Code: _____
Block _____		Between _____	& _____

FOLLOW UP NEEDED: ☐ Office Closed ☐ Refusal to Participate ☐ Other _____

Practice Name: (**Collect a Business Card**) _____

Address: _____

Cross Street: _____ Email: _____

Phone: _____ Web page: _____

Secondary Number: _____ Fax: _____

TRANSPORTATION ACCESSIBILITY By Car (*check all that apply*): ☐ Parking Lot ☐ Street Parking

Wheelchair access: ☐ Yes ☐ No .

I AM GOING TO ASK A FEW QUESTIONS ABOUT YOUR OFFICE CHARACTERISTICS

1. What is the type of Practice?

<input type="checkbox"/> Medicine <input type="checkbox"/> Family Practice / General Practice <input type="checkbox"/> Women's Health <input type="checkbox"/> Pediatrics <input type="checkbox"/> Surgery <input type="checkbox"/> Dental <input type="checkbox"/> Podiatrist - Foot Specialist	<p>If one of these is selected, please move on to Question 2.</p>
<input type="checkbox"/> Vision <input type="checkbox"/> Physical Rehabilitation Center <input type="checkbox"/> Drug Addiction Treatment (Substance Abuse) <input type="checkbox"/> Behavioral / Mental Health <input type="checkbox"/> Acupuncture <input type="checkbox"/> Chiropractor	<p>If one of these is selected, please move on to Question 5.</p>
<input type="checkbox"/> Pharmacy 	<p>If one of these is selected, please move on to Questions 6 through 9 and end the Survey.</p>
<input type="checkbox"/> Radiology <input type="checkbox"/> Laboratory 	<p>If one of these is selected, please move on to Questions 7 through 9 and end the Survey.</p>
<input type="checkbox"/> Herbalist <input type="checkbox"/> Botanica <input type="checkbox"/> Other _____	<p>If one of these is selected, please move on to Questions 8 through 9 and end the Survey.</p>

2. Would you describe the practice as a:

<input type="checkbox"/>	Solo Practice
<input type="checkbox"/>	Shared Office Space
<input type="checkbox"/>	Single Specialty Partnership or group practice
<input type="checkbox"/>	Multi-specialty partnership or group practice
<input type="checkbox"/>	Other: _____

3. What types of specialty care does your practice offer On SITE? (check all that apply)

<input type="checkbox"/> Allergy/immunology	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Behavioral health	<input type="checkbox"/> Orthopedics
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Podiatry (for diabetes patients)
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Psychiatry
<input type="checkbox"/> ENT (Ear, Nose and Throat)	<input type="checkbox"/> Pulmonology
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Substance abuse
<input type="checkbox"/> Gynecology / Women's Health	<input type="checkbox"/> Surgery (type _____)
<input type="checkbox"/> Hematology/oncology	<input type="checkbox"/> Surgery (type _____)
<input type="checkbox"/> Infectious disease	<input type="checkbox"/> Urology
<input type="checkbox"/> Mental health	<input type="checkbox"/> Internal Medicine
<input type="checkbox"/> Nephrology	<input type="checkbox"/> Other _____
<input type="checkbox"/> Neurology	<input type="checkbox"/> Other _____
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Other _____

4. What diagnostic procedures do you offer ON-Site? check all that apply)

<input type="checkbox"/> CT (computed tomography) scan	<input type="checkbox"/> EGD (Esophagogastroduodenoscopy)
<input type="checkbox"/> X-ray	<input type="checkbox"/> Colonoscopy
<input type="checkbox"/> MRI (Magnetic Resonance Imaging)	<input type="checkbox"/> Sigmoidoscopy
<input type="checkbox"/> Ultrasound	
<input type="checkbox"/> Mammography	<input type="checkbox"/> Carotid Doppler
<input type="checkbox"/> Colposcopy	<input type="checkbox"/> Echo Cardiogram
	<input type="checkbox"/> EKG
<input type="checkbox"/> Blood Drawing	<input type="checkbox"/> Lower Extremity Doppler
<input type="checkbox"/> Specimen Collection – Hair	<input type="checkbox"/> Nuclear/Pharmacological Stress Echo
<input type="checkbox"/> Specimen Collection – Skin	<input type="checkbox"/> Stress Test
<input type="checkbox"/> Specimen Collection – Stool	<input type="checkbox"/> Other _____
<input type="checkbox"/> Specimen Collection – Urine	<input type="checkbox"/> Other _____
<input type="checkbox"/> Sample Testing – Blood analysis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Sample Testing – Urine analysis	<input type="checkbox"/> Other _____

5a., 5b. & 5c. What is the make up of your provider staff?

Please select all that apply

Type	How many of each on Staff?	How many hours per week total do they ALL see patients?
<input type="checkbox"/> MD Medical Doctor		
<input type="checkbox"/> DO Doctor of Osteopathic Medicine		
<input type="checkbox"/> FNP Family Nurse Practitioner		
<input type="checkbox"/> NP Nurse Practitioner		
<input type="checkbox"/> PA Physicians Assistant		
<input type="checkbox"/> MSN Master Nursing		
<input type="checkbox"/> RN Nurse		
<input type="checkbox"/> LPN Licensed Practical Nurse		
<input type="checkbox"/> Medical Assistant		
<input type="checkbox"/> DDS Doctor of Dental Surgery		
<input type="checkbox"/> DMD Doctor of Dental Medicine		
<input type="checkbox"/> Optometrist		
<input type="checkbox"/> Optician		
<input type="checkbox"/> DPMs Podiatrist		
<input type="checkbox"/> Rehabilitation Therapist (substance abuse)		
<input type="checkbox"/> LMSW Licensed Master of Social Worker		
<input type="checkbox"/> LCSW Licensed Clinical Social Worker		
<input type="checkbox"/> Psychotherapist		
<input type="checkbox"/> PT Physical Therapist		
<input type="checkbox"/> DPT Doctor Physical Therapist		
<input type="checkbox"/> OT Occupational Therapist		
<input type="checkbox"/> DC (chiropractor)		
<input type="checkbox"/> LAc (acupuncture)		
<input type="checkbox"/> Dietician		
<input type="checkbox"/> Other (1) _____		
<input type="checkbox"/> Other (2) _____		
<input type="checkbox"/> Other (3) _____		
<input type="checkbox"/> Other (4) _____		

6. Does your practice/pharmacy provide vaccinations?

<input type="checkbox"/>	Yes, all year
<input type="checkbox"/>	Yes, seasonally (<i>i.e. Flu</i>)
<input type="checkbox"/>	No
<input type="checkbox"/>	Does not apply

For Pharmacies ONLY!

6b. Does your Pharmacy have a primary care clinic?

☐ Yes ☐ No

7. What languages other than English are spoken by your **Clinical staff**? *CHECK ALL THAT APPLY*

- | | | | |
|---|--|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Arabic | <input type="checkbox"/> Farsi | <input type="checkbox"/> Polish |
| <input type="checkbox"/> French | <input type="checkbox"/> Bangla | <input type="checkbox"/> Greek | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Chinese-Cantonese | <input type="checkbox"/> Hindi | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Chinese-Mandarin | <input type="checkbox"/> Korean | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> Sign Language | | | <input type="checkbox"/> Other _____ |

8. What languages other than English are spoken by your **NON - clinical staff**? *CHECK ALL THAT APPLY*

- | | | | |
|---|--|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Arabic | <input type="checkbox"/> Farsi | <input type="checkbox"/> Polish |
| <input type="checkbox"/> French | <input type="checkbox"/> Bangla | <input type="checkbox"/> Greek | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Chinese-Cantonese | <input type="checkbox"/> Hindi | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Chinese-Mandarin | <input type="checkbox"/> Korean | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> Sign Language | | | <input type="checkbox"/> Other _____ |

9. What are your days and hours of operation (appointment hours)?

DAY	Open	Close	NOTES
<input type="checkbox"/> Mon	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> Tue	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> Wed	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> Thurs	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> Fri	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> Sat	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> Sun	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	

10. Approximately how many patients/clients does your practice/office see in a WEEK? _____

NOW I WOULD LIKE TO ASK A FEW QUESTIONS ABOUT YOUR OFFICE POLICIES

--- THESE QUESTIONS SHOULD ONLY BE ASKED AT OFFICES

11. Approximately how many patients a week are same day appointments? _____

12. Approximately how many patients a week are walk-ins(patients who come in without an appointment)? _____

13. What insurance plans do you accept? *CHECK ALL THAT APPLY*

<input type="checkbox"/> 1199 SEIU NBF	<input type="checkbox"/> HEALTH PLUS
<input type="checkbox"/> AETNA	<input type="checkbox"/> HEALTHFIRST
<input type="checkbox"/> AFFINITY	<input type="checkbox"/> HEALTHNET
<input type="checkbox"/> AIM	<input type="checkbox"/> MAGNA HEALTH
<input type="checkbox"/> AMERICHoice	<input type="checkbox"/> Medicaid
<input type="checkbox"/> AMERIGROUP	<input type="checkbox"/> Medicare
<input type="checkbox"/> AMIDA CARE (VIDACARE)	<input type="checkbox"/> METROPLUS
<input type="checkbox"/> ATLANTIS	<input type="checkbox"/> NEIGHBORHOOD HLTH PROVIDERS
<input type="checkbox"/> BEACON HEALTH STRATEGIES	<input type="checkbox"/> OXFORD Freedom
<input type="checkbox"/> CARE CORE	<input type="checkbox"/> OXFORD Liberty
<input type="checkbox"/> CIGNA	<input type="checkbox"/> PHCS/ MULTIPLAN
<input type="checkbox"/> DORAL DENTAL	<input type="checkbox"/> TOUCHSTONE
<input type="checkbox"/> EBCBS (Empire Blue Cross & Blue Shield)	<input type="checkbox"/> TRICARE
<input type="checkbox"/> ELDERPLAN	<input type="checkbox"/> UNITED HC
<input type="checkbox"/> EMBLEM – GHI	<input type="checkbox"/> UNITED HC EMPIRE PLAN
<input type="checkbox"/> EMBLEM – HIP	<input type="checkbox"/> WELLCARE
<input type="checkbox"/> FIDELIS	<input type="checkbox"/> OTHER: Please Specify _____
<input type="checkbox"/> FIRST HEALTH	<input type="checkbox"/> DO NOT ACCEPT INSURANCE

14. Is your practice accepting new patients?

<input type="checkbox"/> Yes, with insurance
<input type="checkbox"/> Yes, regardless of insurance
<input type="checkbox"/> No

15. How long does it take to get the first appointment (*for new patients*)?

<input type="checkbox"/> 1 day
<input type="checkbox"/> Within one week
<input type="checkbox"/> 1 Week (7 days)
<input type="checkbox"/> 2 Weeks (14 days)
<input type="checkbox"/> 3 Weeks or more (21 or more days)

THE LAST FEW QUESTIONS ARE ABOUT HOW PATIENTS RECEIVE ADDITIONAL CARE

Referrals:

16. Where do your doctors have admitting privileges? *CHECK ALL THAT APPLY*

<input type="checkbox"/> Beth Israel Medical Center – Kings	<input type="checkbox"/> Lutheran Medical Center
<input type="checkbox"/> Brookdale University Hospital	<input type="checkbox"/> Maimonides Medical Center
<input type="checkbox"/> Brooklyn Children’s Center	<input type="checkbox"/> New York Community Hospital
<input type="checkbox"/> Brooklyn Hospital Ctr – Downtown	<input type="checkbox"/> New York Methodist Hospital
<input type="checkbox"/> Coney Island Hospital	<input type="checkbox"/> SUNY Downstate at Bay Ridge Urgent Care Center
<input type="checkbox"/> Interfaith Medical Center	<input type="checkbox"/> University Hospital of Brooklyn SUNY Downstate
<input type="checkbox"/> Kings County Hospital Center	<input type="checkbox"/> VA New York Harbor Healthcare System
<input type="checkbox"/> Kingsborough Psychiatric Center	<input type="checkbox"/> Woodhull Medical & Mental Health Center
<input type="checkbox"/> Kingsbrook Jewish Center	<input type="checkbox"/> Wyckoff Heights Medical Center
<input type="checkbox"/> Long Island College Hospital	<input type="checkbox"/> Other, please specify: _____
	<input type="checkbox"/> No admitting privileges in Brooklyn

Site:

- | | |
|---|---|
| <input type="checkbox"/> Brookdale 1 | <input type="checkbox"/> Interfaith 2 |
| <input type="checkbox"/> Kingsbrook 3 | <input type="checkbox"/> KingsCounty.... 4 |
| <input type="checkbox"/> UHB 5 | <input type="checkbox"/> Woodhull 6 |

Interviewer ID: _____

Date: ____/____/____

Day of the Week _____

Time of survey____:____ ☐AM ☐ PM

First I am going to ask a few questions to find out a little bit about you. Note this survey is completely anonymous.

1. Who are you here for? *(tell us as many as apply)*
 - a. ☐ Yourself
 - b. ☐ My Child
 - c. ☐ My Spouse
 - d. ☐ A Relative: Cousins/ Aunt/ Uncle/ Parents/ Grand-Parents/ Niece/ Nephew / In-law / Sibling
 - e. ☐ My Employer: I work as a Nurse's Aide or Home Healthcare Attendant
 - f. ☐ Other, please specify_____
2. Record Sex: **get from board if available** a. ☐ Female b. ☐ Male
3. Can you share your age? How old is the patient? **Get from board if available**
 - a. ☐ Under 18
 - b. ☐ 18 - 24
 - c. ☐ 25 – 44
 - d. ☐ 45 – 64
 - e. ☐ 65 – 74
 - f. ☐ 75 and Over
 - Z. ☐ Prefer not to answer
4. Would you consider yourself to be of Hispanic, Latino, or Spanish Origin
 - a. ☐ Yes – Mexican Am., Chicano
 - b. ☐ Yes – Puerto Rican
 - c. ☐ Yes – Dominican
 - d. ☐ Yes – Other Hispanic, Latino, or Spanish Origin, please specify_____
 - x. ☐ No – Not Hispanic, Latino, or Spanish Origin
 - z. ☐ Prefer not to answer
5. What race/ethnicity do you consider yourself? (Does the patient identify with?)
 - a. ☐ Black or African Am..
 - b. ☐ White
 - c. ☐ American Indian or Alaska Native
 - d. ☐ Asian
 - e. ☐ Asian Indian or South East Asian
 - f. ☐ Other, please specify _____
 - Z. ☐ Prefer not to answer
6. In addition to English, what language do you speak at home?
 - a. ☐ Spanish
 - b. ☐ French
 - c. ☐ Haitian Creole
 - d. ☐ Arabic
 - e. ☐ Chinese
 - f. ☐ Russian
 - g. ☐ Urdu
 - h. ☐ Yiddish
 - i. ☐ Other, please specify _____
 - x. ☐ Only speak English at home
 - z. ☐ Prefer not to answer

7. Were you (*the patient*) born in the US?
- a. ☐ Yes z. ☐ *Prefer not to answer*
- b. ☐ No, other Country: _____
8. Do you live in Brooklyn?
- a. ☐ Yes, please tell what neighborhood _____ z. ☐ *Prefer not to answer*
- b. ☐ No, please tell us where _____
9. How long have you lived at your current address?
- a. ☐ Under one Year x. ☐ *I do not have a permanent address (go to 11)*
- b. ☐ 1 to 5 Years z. ☐ *Prefer not to answer (go to 11)*
- c. ☐ More than 5 Years **Skip to question 11 if chosen**
10. How many addresses have you lived at in the last 3 years? _____
11. Do you have health insurance? *We are not taking your name or any information to identify you – your answer will not be shared and will not affect your treatment in any way.*
- a. ☐ Yes - Medicare
- b. ☐ Yes - Medicaid
- c. ☐ Yes - Medicaid Managed Care
- d. ☐ Yes - Family Health Plus
- e. ☐ Yes - Child Health Plus
- f. ☐ Yes - Other Insurer, please specify: _____
- x. ☐ No, I do not have health coverage.
- z. ☐ *Prefer not to answer*

Now I would like to ask a few questions on how you get/receive healthcare.

12. Do you have a Primary Care Physician (PCP)/Family Doctor?
- a. ☐ Yes - I have one **but I do not use him/her.**
- I. **(probe gently – record verbatim)** Why not _____
- b. ☐ Yes
- I. Please tell us the name if known: _____
- II. Can you share the address: _____
- c. ☐ I don't know
- x. ☐ No
- z. ☐ *Prefer not to answer*
13. If this ER was not available, where else would you go? (**check all that apply**)
- a. ☐ Primary Care Physician
- b. ☐ Walk-in Specialty Clinic
- c. ☐ Urgent Care Center _____
- d. ☐ Ambulatory Care Center _____
- e. ☐ Another ER _____
- f. ☐ Other, explain _____
- x. ☐ Nowhere, I have nowhere else to go
- z. ☐ *Prefer not to answer*

NOTE TO SURVEYOR: IF YOU DO NOT UNDERSTAND/RECOGNIZE THE FACILITY THE RESPONDENT GIVES, PROBE FOR MORE CLARITY. FOR INSTANCE, IF THEY SAY BAYSIDE, ASK, "WHAT KIND OF FACILITY IS BAYSIDE?" IN THE EVENT THAT THERE IS NO CLARITY, TRY TO GET THE FULL NAME AND ADDRESS OF THE PLACE AND WRITE IT IN THE **OTHER CATEGORY.**

14. Why did you come to the ER for care instead of seeing another doctor? (choose only one)

Wait for their answer then clarify if necessary: "so you would say it is because of..."

- a. ☐ I do not have a Primary care Physician
- b. ☐ This is where I come for my care
- c. ☐ This was an emergency
- d. ☐ Told to come here by My PCP/Doctor
- e. ☐ Told to come here by Nurse
- f. ☐ I could not reach my PCP/Family Doctor Office closed.
- g. ☐ I couldn't get to see my PCP too long for appointment
- h. ☐ It is cheaper than my PCP/Doctor
- i. ☐ I wanted a second opinion
- j. ☐ Other, please specify (verbatim): _____
- z. ☐ Prefer not to answer

15. Why did you decide to come to this Emergency Room for care? (check only one)

Wait for their answer then clarify if necessary: "so you would say it is because of..."

- a. ☐ I had no other choice, Ambulance brought me (if chosen, skip to question 17).
- b. ☐ Closest Hospital to me
- c. ☐ Good Reputation/ Well known
- d. ☐ I came here because I have no health insurance
- e. ☐ I always come here
- f. ☐ My medical records are at this hospital
- g. ☐ My doctor told me to go to this ER
- h. ☐ Past Experience with this hospital
- i. ☐ Wait time here is shorter
- j. ☐ Other, please explain (verbatim): _____
- z. ☐ Prefer not to answer

16. How did you get to the hospital/Emergency Room?

- a. ☐ Ambulance Brought Me
- b. ☐ Walked here
- c. ☐ Took Public Transportation (Bus/Train)
- d. ☐ By car (includes: rides from family/ taxi/ car service/ driving themselves)

17. If you are comfortable with this, can you share with me the main medical reason(s) you came to the emergency room? (they may choose up to 3)

- | | |
|--|--|
| a. <input type="checkbox"/> Accident | i. <input type="checkbox"/> Headache, Dizziness |
| b. <input type="checkbox"/> Alcohol/Drug Use | j. <input type="checkbox"/> Maternity Care |
| c. <input type="checkbox"/> Breathing problems | k. <input type="checkbox"/> Need a prescription filled or refilled |
| d. <input type="checkbox"/> Chest Pain | l. <input type="checkbox"/> Skin Rash or Skin Problem |
| e. <input type="checkbox"/> Tooth ache | m. <input type="checkbox"/> Sore Throat |
| f. <input type="checkbox"/> You were hurt by someone | n. <input type="checkbox"/> Stomach pains |
| g. <input type="checkbox"/> Fever | o. <input type="checkbox"/> Surgery Follow up |
| h. <input type="checkbox"/> Joint or Muscle Pain | p. <input type="checkbox"/> Other, please explain: _____ |

LAST Question

18. Is there a Walk in Clinic in your neighborhood?

- a. ☐ Yes, please tell us the name if know: _____
- b. ☐ No
- c. ☐ I don't know

ED STUDY
SCHOOL OF PUBLIC HEALTH, SUNY DOWNSTATE- BROOKLYN HEALTHCARE IMPROVEMENT PROJECT (B HIP)

Site:

- | | |
|--|---|
| <input type="checkbox"/> Brookdale1 | <input checked="" type="checkbox"/> Interfaith2 |
| <input type="checkbox"/> Kingsbrook3 | <input type="checkbox"/> KingsCounty ..4 |
| <input type="checkbox"/> UHB5 | <input type="checkbox"/> Woodhull6 |

First I am going to ask a few questions to find out a little bit about you. Note: This survey is anonymous – you do not have to give your name.

Interviewer ID: _____

Date: ____/____/____

Day of the Week _____

Time of survey ____:____ ☐ AM ☐ PM

What time did patient arrive? ____:____ ☐ AM ☐ PM

(AND DAY if different: _____)

1. Who are you here for? (tell us as many as apply)

- | | |
|--|---|
| <input type="checkbox"/> Yourself | <input type="checkbox"/> My Employer: |
| <input type="checkbox"/> My Child | (I work as a Nurse's Aide or Home Healthcare Attendant) |
| <input type="checkbox"/> My Spouse | |
| <input type="checkbox"/> A Relative: (Cousins/ Aunt/ Uncle/ Parents/
Grand-Parents/ Niece/ Nephew / In-law / Sibling) | <input type="checkbox"/> Other, please specify _____ |

2. Sex of Patient: ☐ Female ☐ Male ☐ Unknown _____

3. Can you share your (the patient's) age?

- | | | | |
|--|----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 18 - 24 | <input type="checkbox"/> 65 – 74 | <input type="checkbox"/> Prefer not to answer |
| If under 18, ask exact age: | <input type="checkbox"/> 25 – 44 | <input type="checkbox"/> 75 and Over | |
| _____ <input type="checkbox"/> months / <input type="checkbox"/> years | <input type="checkbox"/> 45 – 64 | <input type="checkbox"/> I don't know | |

4. Would you consider yourself (the patient) to be of Hispanic, Latino, or Spanish Origin?

- | | |
|---|---|
| <input type="checkbox"/> Yes – Puerto Rican | <input type="checkbox"/> Yes – Other please specify _____ |
| <input type="checkbox"/> Yes – Dominican | <input type="checkbox"/> No – Not Hispanic, Latino, or Spanish Origin |
| <input type="checkbox"/> Yes – Panamanian | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Yes – Mexican Am., Chicano | <input type="checkbox"/> Prefer not to answer |

5. What race do you consider yourself (Does the patient identify with)?

- | | |
|--|--|
| <input type="checkbox"/> American Indian/ Alaska Native | <input type="checkbox"/> Mixed Race/More than one race |
| <input type="checkbox"/> Asian / Pacific Islander (i.e Chinese) | |
| <input type="checkbox"/> Asian Indian/ South East Asian/ East Indian | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Black | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> White | <input type="checkbox"/> Prefer not to answer |

6. In addition to English, what language do you (the patient) speak at home?

- | | |
|---|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Bangla (Bengali) | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> French | <input type="checkbox"/> ONLY speak ENGLISH (skip to Q7) |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Prefer not to answer |

> > > **6b. What is the main language you speak at home?** _____.

ED STUDY
SCHOOL OF PUBLIC HEALTH, SUNY DOWNSTATE- BROOKLYN HEALTHCARE IMPROVEMENT PROJECT (B HIP)

7. Were you (the patient) born in the US?

- ☐ Yes
☐ No, other Country: _____

- ☐ I don't know
☐ Prefer not to answer

8. Do you (the patient) live in Brooklyn?

- ☐ Yes, please tell the **Neighborhood & Zip Code:**

- ☐ No, please tell us where _____
☐ I don't know
☐ Prefer not to answer

9. How long have you (the patient) lived at your current address?

- ☐ Under one Year
☐ 1 to 5 Years
☐ More than 5 Years (*skip to Q11*)

- ☐ I (the patient) do not have a permanent address
☐ I don't know
☐ Prefer not to answer

10. How many addresses have you (the patient) lived at in the last 3 years? ____ ☐ Prefer not to answer ☐ I don't know

11. Do you (the patient) have health insurance? *We are not taking your name or any information to identify you – your answer will not be shared and will not affect your treatment in any way.*

- ☐ Yes - Medicare
☐ Yes - Medicaid
☐ Yes - Medicaid Managed Care
☐ Yes - Family Health Plus
☐ Yes - Child Health Plus

- ☐ Yes - Other Insurer, please specify: _____

☐ No, I do not have health coverage.
☐ I don't know
☐ Prefer not to answer

NOW I WOULD LIKE TO ASK A FEW QUESTIONS ON HOW YOU GET/RECEIVE HEALTHCARE.

12. Do you have a Primary Care Physician (PCP)/Family Doctor?

- ☐ No
☐ I don't know if I have a PCP/Family doctor
☐ Prefer not to answer question

- ☐ Yes
> Can you tell me the name of your PCP? _____
> Can you share the Address? _____
>> When did you last see your PCP? _____

IF WITHIN LAST 12 MONTHS SKIP TO Q13

>>> 12b. GENTLY PROBE TO FIND OUT WHY. i.e. "WHY HAVEN'T YOU SEEN YOUR DOCTOR?"

- ☐ I haven't been ill
☐ Prefer not to answer
☐ I don't use him/her because _____

ED STUDY
SCHOOL OF PUBLIC HEALTH, SUNY DOWNSTATE- BROOKLYN HEALTHCARE IMPROVEMENT PROJECT (B HIP)

13. If this ER was not available, where else would you (the patient) go? (check all that apply)

>>IF YOU DO NOT RECOGNIZE THE FACILITY, **PROBE FOR MORE CLARITY. i.e.**, IF THEY ANSWERED BAYRIDGE, ASK, "WHAT KIND OF FACILITY IS BAYRIDGE?" IN THE EVENT THAT THERE IS NO CLARITY, TRY TO GET THE FULL NAME AND ADDRESS AND WRITE IT IN THE **OTHER** CATEGORY.

- ☐ Primary Care Physician
- ☐ Walk-in Specialty Clinic
- ☐ Urgent Care Center _____
- ☐ Ambulatory Care Center _____

- ☐ Another ER _____
- ☐ Other, explain _____
- ☐ Nowhere, I have nowhere else to go
- ☐ I don't know
- ☐ Prefer not to answer

> > **13b: Where (in what type of setting) do you (the patient) prefer to get your healthcare?**

- ☐ Here (**this** ER)
- ☐ ER (**any** ER)
- ☐ PCP/Family Doctor
- ☐ Clinic/Health Center: _____

- ☐ Other: _____
- ☐ Does not matter to me
- ☐ I don't know
- ☐ Prefer not to answer

14. Why did you (the patient) come to the ER for care instead of seeing another doctor? (check up to 3)

WAIT FOR THE ANSWER THEN CLARIFY IF NECESSARY; IF THEY SHARE ONLY ONE REASON, ASK THEM IF THERE WERE ANY OTHER REASONS...

- a) ☐ I do not have a Primary care Physician
- b) ☐ This is where I come for my care
- c) ☐ This was an emergency
- d) ☐ I have no health insurance
- e) ☐ Convenience
- f) ☐ Told to come here byMy PCP/Doctor
- g) ☐ Told to come here byNurse
- h) ☐ I could not reach my PCP/ Doctor. Office closed.

- i) ☐ I couldn't get to see my PCP. Wait too long for appointment.
- j) ☐ It is cheaper than my PCP/Doctor
- k) ☐ I wanted a second opinion
- l) ☐ Follow UP visit
- m) ☐ Other, please specify (**verbatim**): _____
- x) ☐ I don't know
- z) ☐ Prefer not to answer

> > **14b. What is the main reason?** _____

15. Why did you (the patient) decide to come to this Emergency Room for care? (check up to 3)

WAIT FOR THE ANSWER THEN CLARIFY IF NECESSARY; IF THEY SHARE ONLY ONE REASON, ASK THEM IF THERE WERE ANY OTHER REASONS...

- a) ☐ No other choice, Ambulance brought me (**skip Q16**).
- b) ☐ Closest Hospital to me
- c) ☐ Good Reputation/ Well known
- d) ☐ I came here because I have no health insurance
- e) ☐ I always come here
- f) ☐ My medical records are at this hospital
- g) ☐ My doctor told me to go to this ER

- h) ☐ Past Experience with this hospital
- i) ☐ Wait time here is shorter
- j) ☐ Other, please explain (**verbatim**): _____
- x) ☐ I don't know
- z) ☐ Prefer not to answer

> > **15b. What is the main reason?** _____

16. How did you (the patient) get to the hospital/Emergency Room?

- ☐ Ambulance Brought Me
- ☐ Walked here
- ☐ Public Transportation (Bus/Train/ Access a Ride)

- ☐ By car (Personal Car / Ride from Family / Friend / Taxi / Car service)
- ☐ Other: _____

ED STUDY
SCHOOL OF PUBLIC HEALTH, SUNY DOWNSTATE- BROOKLYN HEALTHCARE IMPROVEMENT PROJECT (B HIP)

17. If you are comfortable with this, can you share with me the main medical reason(s) you (the patient) came to the ER?
(check up to 3)

- | | | |
|--|---|--|
| <input type="checkbox"/> Accident | <input type="checkbox"/> (You/Patient were) Hurt by someone | <input type="checkbox"/> Surgery Follow up |
| <input type="checkbox"/> Alcohol/Drug Use | <input type="checkbox"/> Joint or Muscle Pain | <input type="checkbox"/> Toothache |
| <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Maternity Care | <input type="checkbox"/> Other, please explain: |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Need a prescription filled or refilled | _____ |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Skin Rash or Skin Problem | _____ |
| <input type="checkbox"/> Flu/Cold | <input type="checkbox"/> Sore Throat | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Headache, Dizziness | <input type="checkbox"/> Stomach pains | <input type="checkbox"/> Prefer not to answer |

> > > 17b. How long have you (the patient) been sick or hurt with the health problem that brought you here today?

[The duration of symptoms for the problem that actually caused the patient to come to the ER today.]

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Under 3 hours | <input type="checkbox"/> 25 – 48 hours | <input type="checkbox"/> Less than 3 months (>1) | <input type="checkbox"/> Several years |
| <input type="checkbox"/> 3 – 6 hours | <input type="checkbox"/> 3 – 7 Days | <input type="checkbox"/> 3 to 6 months | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> 6 – 12 hours | <input type="checkbox"/> A week to a month | <input type="checkbox"/> 6 months to a year | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> 12 – 24 hours | | | |

18. Did you (the patient) talk to a medical professional before coming here today? * MAKE SURE THEY SPOKE TO A MEDICAL PROFESSIONAL OR NOT!**

Yes, Type:

- ☐ Doctor ☐ Nurse
☐ OTHER _____

- ☐ NO (skip to Q19)
☐ I don't know (skip to Q19)
☐ Prefer not to answer (skip to Q19)

> > > 18b. If you (the patient) spoke to a health care professional, did you see them in person or speak to them by phone?

- ☐ In Person ☐ By phone ☐ I don't know

> > > 18c. What kind of place was it?

- | | | |
|---|---|---|
| <input type="checkbox"/> Clinic/Health Center (specify) _____ | <input type="checkbox"/> Nurse Hot Line | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Private Doctor's Office. | <input type="checkbox"/> MD Hot Line | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Other (specify) _____ | | |

> > > 18d. What did the doctor/nurse tell you to do? _____

19. Where did you (the patient) last get your care outside of an Emergency Room?

- | | | |
|---|--|---|
| <input type="checkbox"/> Private Doctor / PCP | <input type="checkbox"/> Other _____ | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Clinic/Health Center | <input type="checkbox"/> I always use ER | <input type="checkbox"/> Prefer not to answer |

IF THEY ANSWERED YES TO QUESTION 12 ON PAGE 2 SKIP NEXT QUESTION AND GO TO QUESTION 21

20. Have you (the patient) ever sought care at a PCP? ☐ Yes ☐ No ☐ I don't know ☐ Prefer not to answer

21. Is there a Walk in Clinic in your (the patient's) neighborhood?

- ☐ Yes (name/location): _____ ☐ No ☐ I don't know

22. If you are comfortable sharing this, In the last 12 months, have you (the patient) been admitted to a hospital?

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Yes. | <input type="checkbox"/> No (end survey) | <input type="checkbox"/> I don't know (end survey) |
| Can you tell me how many times: _____ | | <input type="checkbox"/> Prefer not to answer (end survey) |

> > > 22b. Is the visit today related to that/those visit(s)? ☐ Yes ☐ No ☐ I don't know ☐ Prefer not to answer

End Survey, make sure to thank participant!

Brooklyn Healthcare Improvement Project

Emergency Department Staff Survey

In order to improve the use of our Emergency Department and the delivery of services to our community, the Brooklyn Healthcare Improvement Project is asking for your help to complete the attached survey. The survey has been designed and approved by hospital leadership including several Chairs/Directors of Emergency Services from six hospital partners and their respective Institutional Review Boards: Brookdale University Hospital, InterFaith Medical Center, Kings County Hospital, Kingsbrook Jewish Medical Center, University Hospital of Brooklyn at SUNY Downstate, and Woodhull Hospital.

The survey is anonymous. We understand that you all have busy schedules, however your insight and feedback are important and we encourage your participation. Please participate and include your unique voice in improving Brooklyn's healthcare.

Kindly complete and Return to:_____

Thank you for your participation in this survey in advance. We trust your insight and feedback will facilitate a more improved system of service.

If you have any questions about B-HIP or the survey, please contact Ms. Priya Pasram at 718-270-2723 between 9:00 am and 5:00 pm weekdays or email her at priya.pasram@downstate.edu.

The Brooklyn Healthcare Improvement Project (B-HIP) is focused on improving healthcare delivery in central/northern Brooklyn, and involves a coalition of 33 organization including local hospitals, community health organizations, labor unions, major insurance carriers, senior citizen centers, local government, pharmaceutical companies and others working with the New York State Department of Health.

(NOTE: this survey has 4 pages)

1. Where do you work?

- | | |
|---|--|
| <input type="checkbox"/> a. Brookdale University Hospital | <input type="checkbox"/> d. Kingsbrook Jewish Medical Center |
| <input type="checkbox"/> b. Interfaith Medical Center | <input type="checkbox"/> e. Woodhull Medical Center |
| <input type="checkbox"/> c. Kings County Hospital | <input type="checkbox"/> f. University Hospital of Brooklyn |

2. What is the length of your shift?

- | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> a. 8 hours | <input type="checkbox"/> b. 10 hours | <input type="checkbox"/> c. 12 hours |
|-------------------------------------|--------------------------------------|--------------------------------------|

3. What Shift did you work today? (Choose the answer that most closely applies)

- | | |
|---|---|
| <input type="checkbox"/> a. Morning: 7 am - 3 pm | <input type="checkbox"/> d. Day: 9 am - 5 pm |
| <input type="checkbox"/> b. Midday: 12 pm - 8 pm | <input type="checkbox"/> e. Night: 12 am – 8 am |
| <input type="checkbox"/> c. Evening: 3 pm – 11 pm | |

4. Do you have a rotating shift? (Does your start time change from day to day?)

- ☐ a. No
- ☐ b. Yes - I have a different shift every time I work
- ☐ c. Yes - My schedule changes from week to week
- ☐ d. Yes - My schedule changes every few weeks

5. What is your position?

- | | | |
|--|--|--|
| <input type="checkbox"/> a. CNA | <input type="checkbox"/> g. EMT | <input type="checkbox"/> m. Phlebotomist |
| <input type="checkbox"/> b. Clerk - Admission | <input type="checkbox"/> h. Nursing - LPN | <input type="checkbox"/> n. Social Worker |
| <input type="checkbox"/> c. Clerk - Unit | <input type="checkbox"/> i. Nursing - RN/MSN | <input type="checkbox"/> o. Tech - Respiratory |
| <input type="checkbox"/> d. Doctor - Intern | <input type="checkbox"/> j. Nursing - NP/FNP | <input type="checkbox"/> p. Tech - X-Ray |
| <input type="checkbox"/> e. Doctor - Resident | <input type="checkbox"/> k. PA | <input type="checkbox"/> z. Other (please specify) |
| <input type="checkbox"/> f. Doctor - Attending | <input type="checkbox"/> l. PCT | _____ |

6. Do you interact directly with patients?

- ☐ a. Yes ☐ b. No

IF YOU SELECT NO, PLEASE GO TO QUESTION 17 AND CONTINUE WITH THE SURVEY.

QUESTIONS 7 -16 ARE FOR STAFF THAT DIRECTLY INTERACT WITH PATIENTS AND REFER TO THOSE PATIENTS

7. Approximately, how many patients do you see in one shift? (e.g.: 15) _____

8. What percent of the cases you see daily are...		0 - 5%	6 - 10%	11 - 25%	26 - 50%	51 - 75%	76 - 100%
a.	EMERGENCY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	URGENT CARE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	CHRONIC DISEASE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	PRIMARY CARE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z.	OTHER (PLEASE SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How do most patients pay for their care?

- | | |
|---|--|
| <input type="checkbox"/> a. Self Pay/No Insurance | <input type="checkbox"/> d. Family Health Plus |
| <input type="checkbox"/> b. Medicare | <input type="checkbox"/> e. Child Health Plus |
| <input type="checkbox"/> c. Medicaid | <input type="checkbox"/> f. Private Insurance |
| | <input type="checkbox"/> g. I don't know |

10. In your opinion, what is the education level of most of the patients you see?

- | | |
|---|---|
| <input type="checkbox"/> a. No formal schooling | <input type="checkbox"/> d. High School |
| <input type="checkbox"/> b. Grade School | <input type="checkbox"/> e. Some College |
| <input type="checkbox"/> c. Some High School | <input type="checkbox"/> f. University/Graduate Study |

11. In your opinion, what percentage of your patients consulted a nurse/doctor before coming to the emergency department (ED)?

- | | |
|---|---|
| <input type="checkbox"/> a. 5 - 10% of the patients I see daily | <input type="checkbox"/> d. 51 - 75% |
| <input type="checkbox"/> b. 11 - 25% | <input type="checkbox"/> e. 76 - 100% |
| <input type="checkbox"/> c. 26 - 50% | <input type="checkbox"/> q. Not Applicable to my position |

12. How many of your patients have seen a Primary Care Physician (PCP) in the last year?

- | | |
|---|---|
| <input type="checkbox"/> a. 5 - 10% of the patients I see daily | <input type="checkbox"/> d. 51 - 75% |
| <input type="checkbox"/> b. 11 - 25% | <input type="checkbox"/> e. 76 - 100% |
| <input type="checkbox"/> c. 26 - 50% | <input type="checkbox"/> q. Not Applicable to my position |

13. How many of your patients have an on-going relationship with a PCP?

- | | |
|---|---|
| <input type="checkbox"/> a. 5 - 10% of the patients I see daily | <input type="checkbox"/> d. 51 - 75% |
| <input type="checkbox"/> b. 11 - 25% | <input type="checkbox"/> e. 76 - 100% |
| <input type="checkbox"/> c. 26 - 50% | <input type="checkbox"/> q. Not Applicable to my position |

14. In your opinion, what percent of your patients should have been seen by a PCP instead of the ED?

- | | |
|---|---|
| <input type="checkbox"/> a. 5 - 10% of the patients I see daily | <input type="checkbox"/> d. 51 - 75% |
| <input type="checkbox"/> b. 11 - 25% | <input type="checkbox"/> e. 76 - 100% |
| <input type="checkbox"/> c. 26 - 50% | <input type="checkbox"/> q. Not Applicable to my position |

15. In your opinion, what options do your patients have for receiving primary care?

(You may choose up to 2 answers)

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> a. Primary Care Physician | <input type="checkbox"/> c. Mobile Clinic | <input type="checkbox"/> e. None |
| <input type="checkbox"/> b. Walk-In Clinic | <input type="checkbox"/> d. Hospital-based clinic | |
| <input type="checkbox"/> z. Other (<i>please specify</i>): _____ | | |

16. In your opinion, the reason(s) your patients come to this ED for primary care is/are:

(You may choose up to 3 answers)

- | | |
|--|--|
| <input type="checkbox"/> a. No Insurance | <input type="checkbox"/> f. Patient has no PCP |
| <input type="checkbox"/> b. Receive better care | <input type="checkbox"/> g. No appointment available with PCP/Clinic |
| <input type="checkbox"/> c. Closest location to receive care | <input type="checkbox"/> h. PCP office is closed |
| <input type="checkbox"/> d. Easier access to comprehensive care | <input type="checkbox"/> i. Referred by PCP |
| <input type="checkbox"/> e. It is cheaper for the patient | <input type="checkbox"/> j. Patient has nowhere else to go |
| <input type="checkbox"/> z. Other (<i>please specify</i>): _____ | |

17. In your opinion, what creates the MOST bottlenecks/congestion in your department?

(please choose only ONE answer)

- ☐ a. Overcrowding
- ☐ b. Not enough staff
- ☐ c. Too many patients seeking primary care
- ☐ d. Delays with scanning and imaging
- ☐ e. Delays with blood and lab services
- ☐ f. Inefficient workflow
- ☐ g. Inpatient admitting
- ☐ h. Too few open beds on medicine/surgery unit
- ☐ z. Other (***please specify***) _____

18. In your opinion, is your department adequately staffed with...		YES	NO
a.	DOCTORS?	<input type="checkbox"/>	<input type="checkbox"/>
b.	NURSES?	<input type="checkbox"/>	<input type="checkbox"/>
c.	PHYSICIAN ASSISTANTS?	<input type="checkbox"/>	<input type="checkbox"/>
d.	SOCIAL WORKERS?	<input type="checkbox"/>	<input type="checkbox"/>
e.	CLERKS?	<input type="checkbox"/>	<input type="checkbox"/>
f.	TRANSPORTERS?	<input type="checkbox"/>	<input type="checkbox"/>
g.	TECHNICIANS?	<input type="checkbox"/>	<input type="checkbox"/>
z.	OTHER (<i>PLEASE SPECIFY</i>) _____.	<input type="checkbox"/>	<input type="checkbox"/>

19. In relation to patient care over the last year, the overall efficiency in your department has...

- ☐ a. Worsened
- ☐ b. Not changed
- ☐ c. Improved

20. How would you improve patient flow in the ED?

21. How satisfied are you with your job?

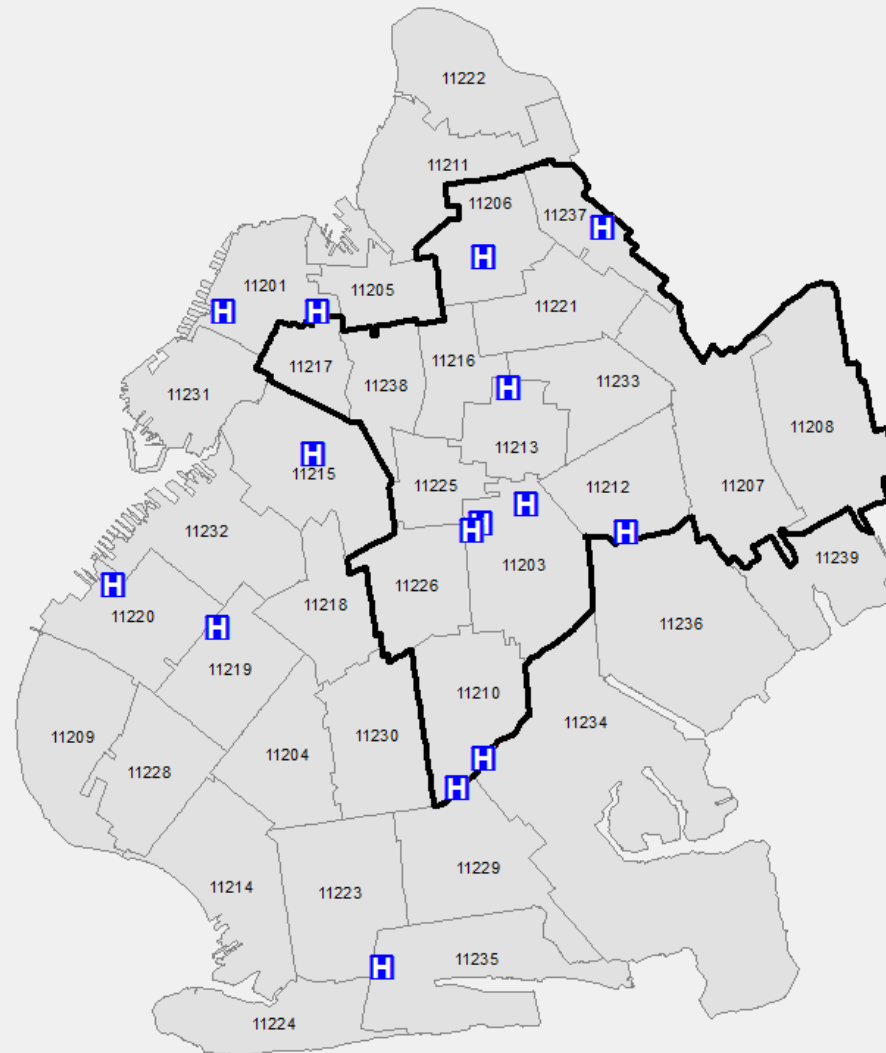
- ☐ a. Very satisfied
- ☐ b. Somewhat satisfied
- ☐ c. Neither satisfied nor dissatisfied
- ☐ d. Somewhat dissatisfied
- ☐ e. Very dissatisfied

22. If you are not satisfied with your job, what would make it better?

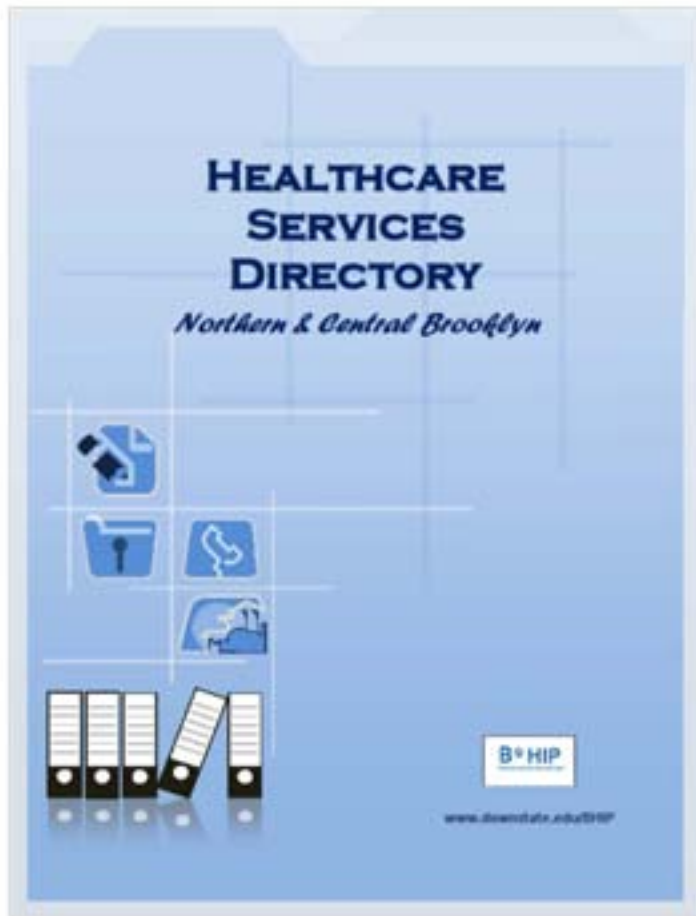
Appendix 6A

Canvassing Study

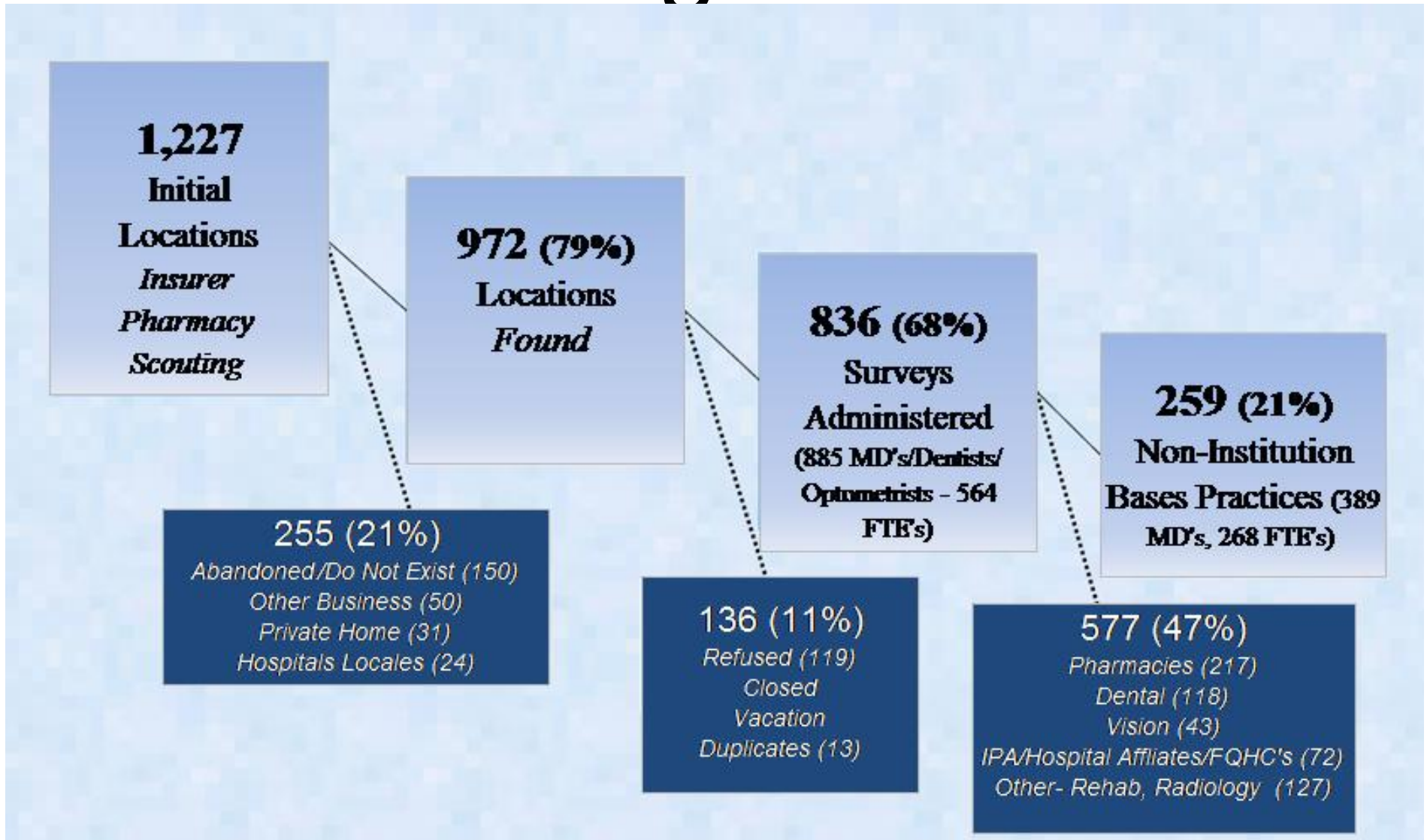
Target Area For B-HIP Studies



Provider Directory



Canvassing Locations



Appendix 6B

Emergency Department Patient Surveys

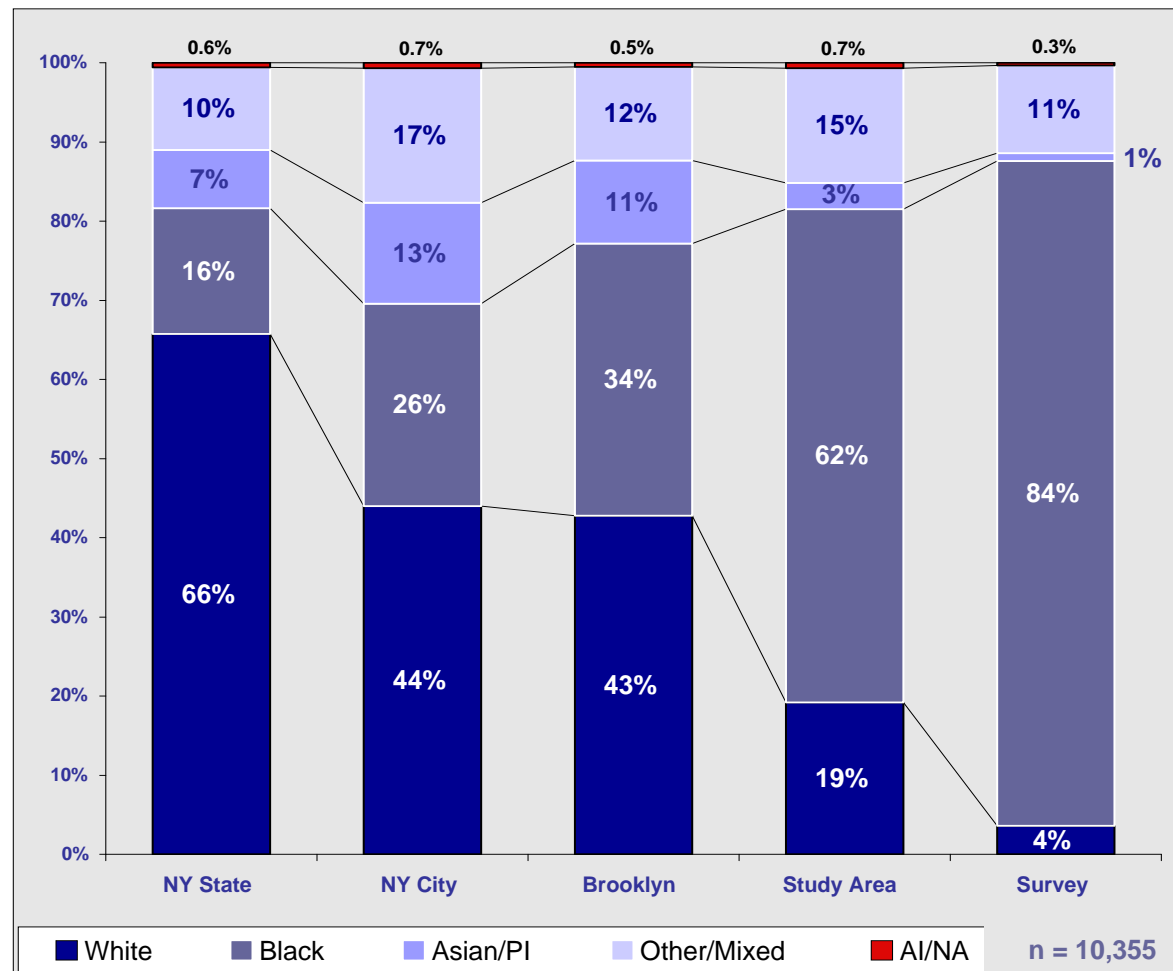
ED Patient Survey Captured (combined Survey 1 and 2)

Hospital ERs where survey conducted	All Visits (for time period survey(s) conducted)	Asked	% Asked of All ER users	Surveyed (respondees)	% Surveyed of All ER users
Brookdale	7,088	2,951	42%	1,819	26%
Downstate	5,323	3,257	61%	2,410	45%
Interfaith	3,800	2,287	60%	1,598	42%
Kings County	10,091	4,134	41%	2,799	28%
Kingsbrook	2,950	2,249	76%	1,498	51%
Woodhull	5,849	2,428	42%	1,530	26%
<i>Totals</i>	35,101	17,306	49%	11,654	33%

- Woodhull, Round 1- unable to survey 24/7

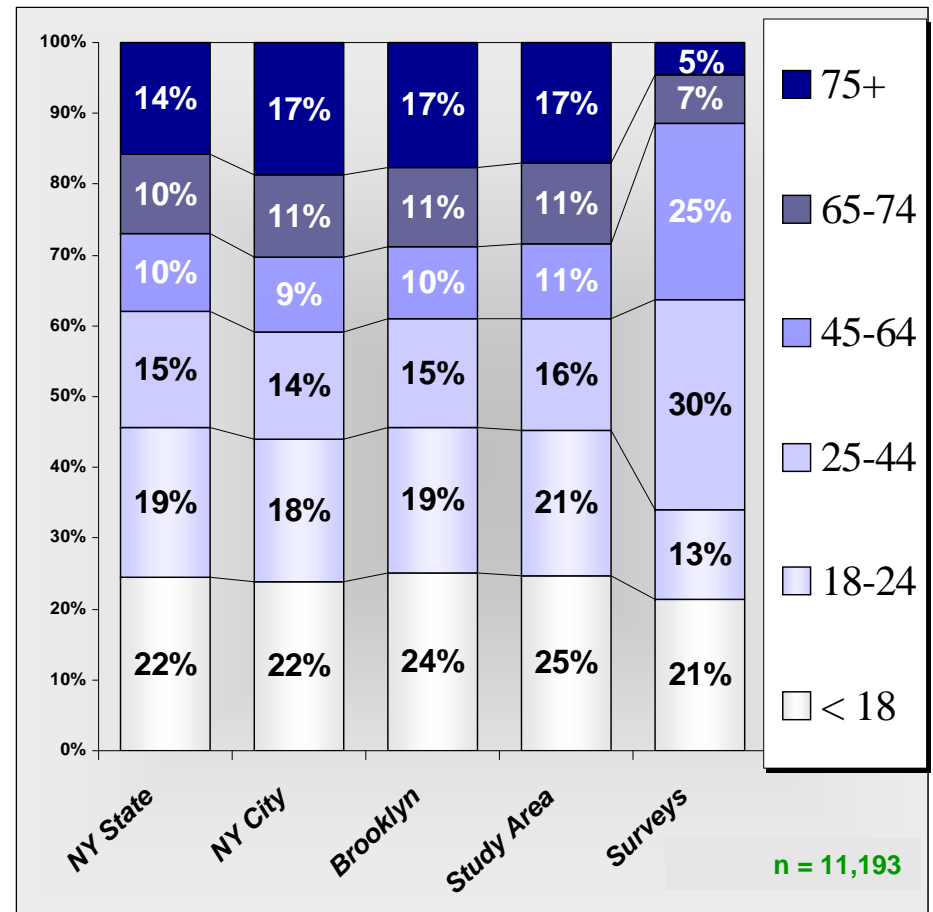
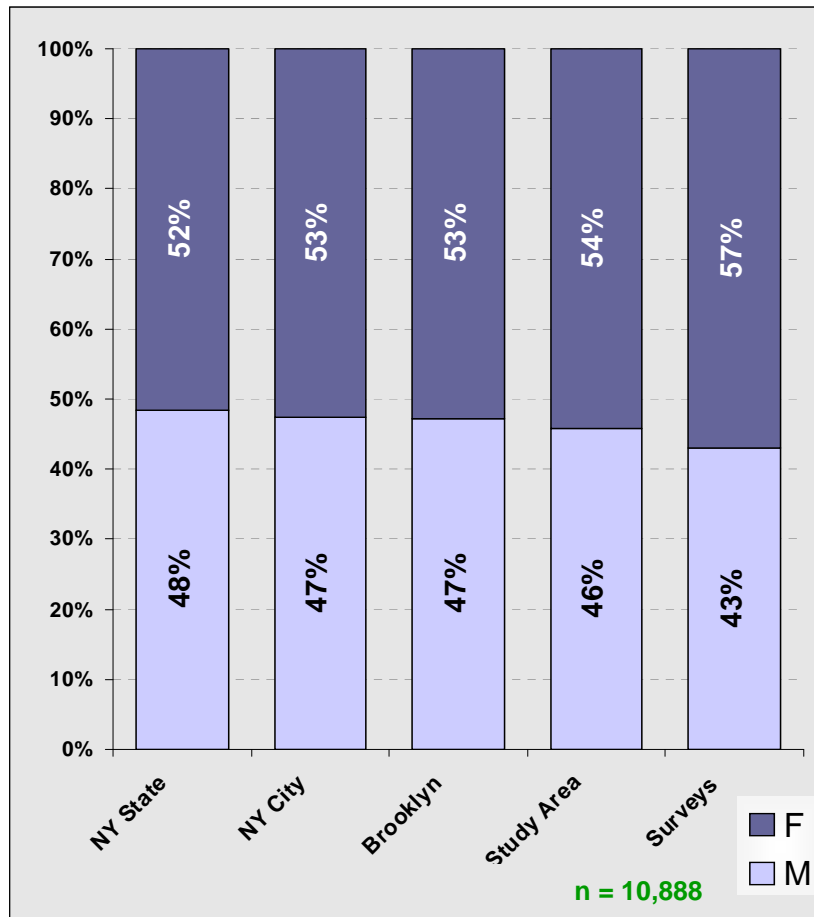
ED Patient Survey Characteristics - Race

- NYC: 8.2mil
- Bklyn: 2.5mil
- Study Area
 - 1.05mil
 - 42% of Brooklyn
 - 13% of NYC
- Asian/PI includes:
Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.
- AI/NA includes:
American Indian, Native Alaskan, Native Hawaiian, Guamanian, Samoan.
- Other/Mixed:
Two or more Races or Some other self Identified Race



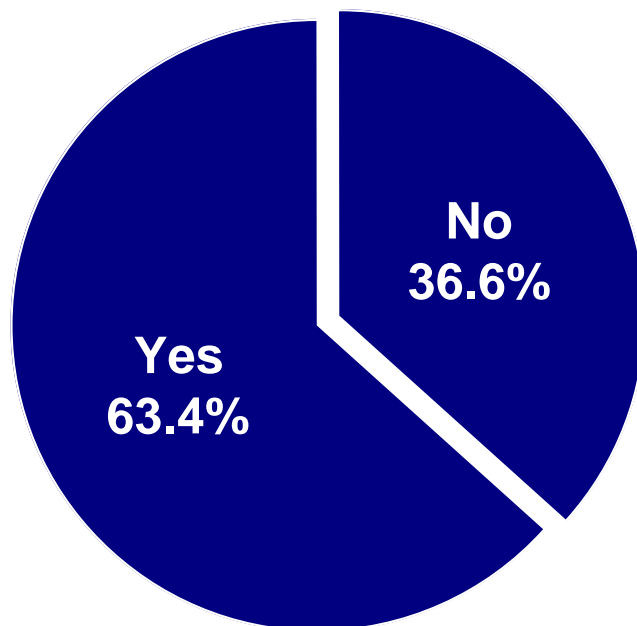
ED Patient Survey

Characteristics – Gender & Age

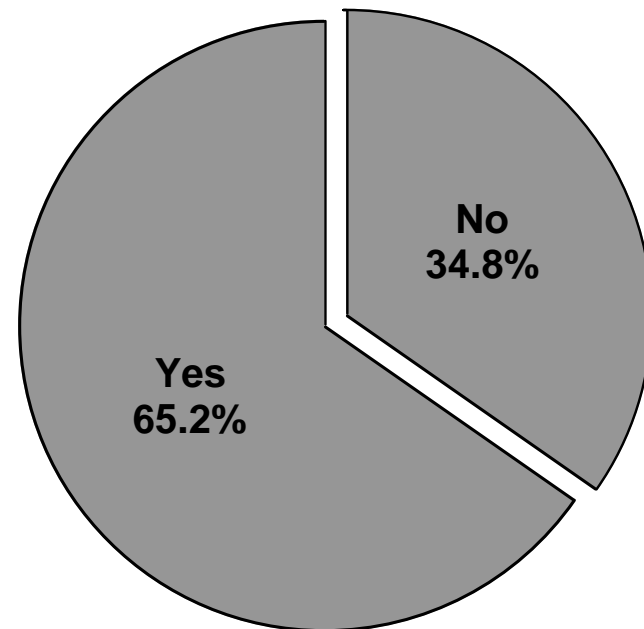


Born in the US?

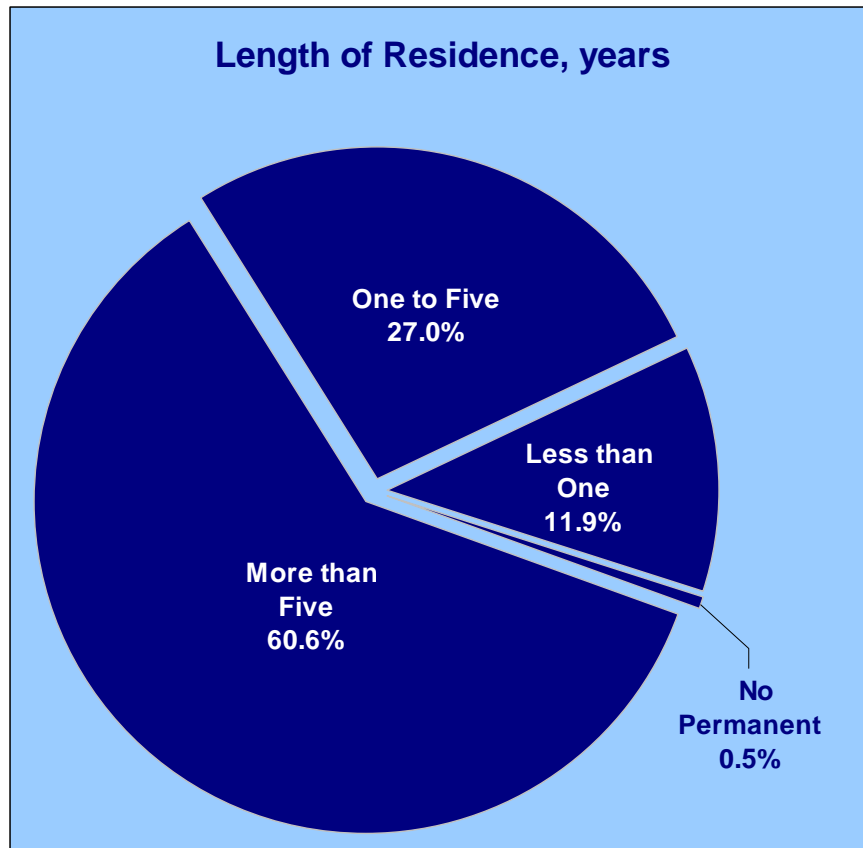
Round 2 (n = 5709)



Round 1 (n = 5743)



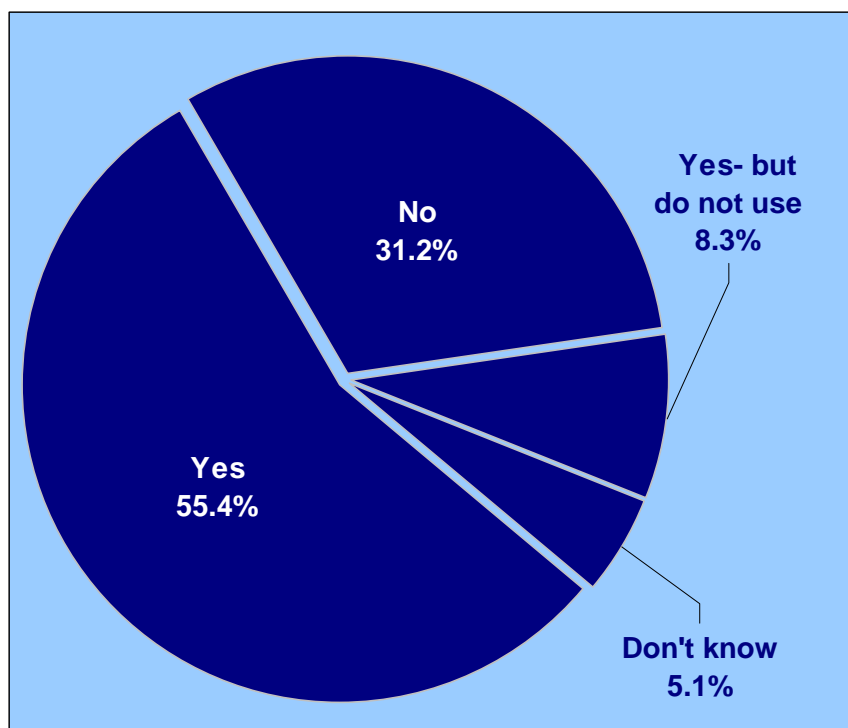
ED Patient Survey – Transience



Length of time at current address, years				
Group	No. Responses	% Insured	% w/ PCP	% w/PCP that Do not Use
More than Five	6,676	82%	64%	13%
One to Five	2,976	80%	63%	12%
Less than One	1,312	72%	50%	14%
No Permanent	54	35%	24%	8%
Totals	11,018	80%	62%	13%

ED Patient Survey

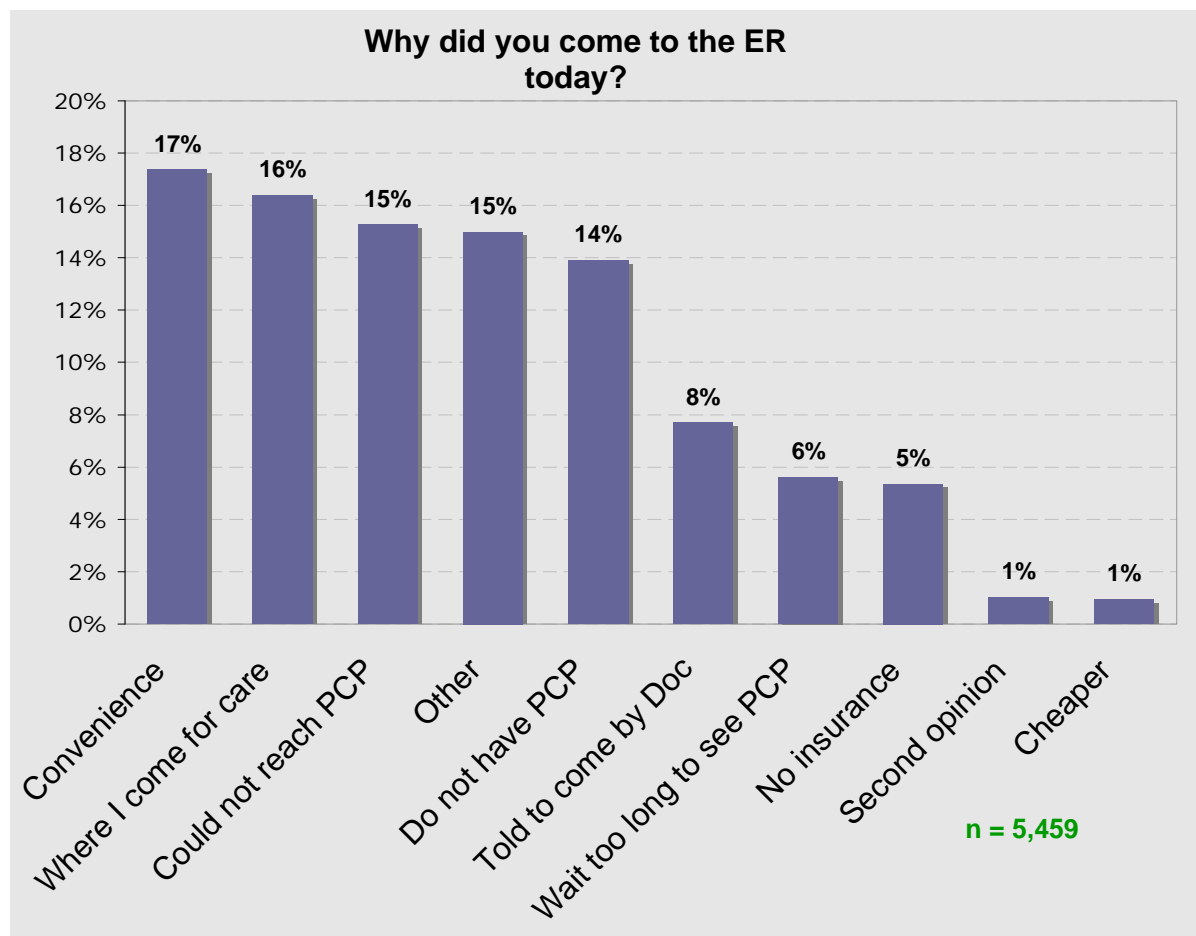
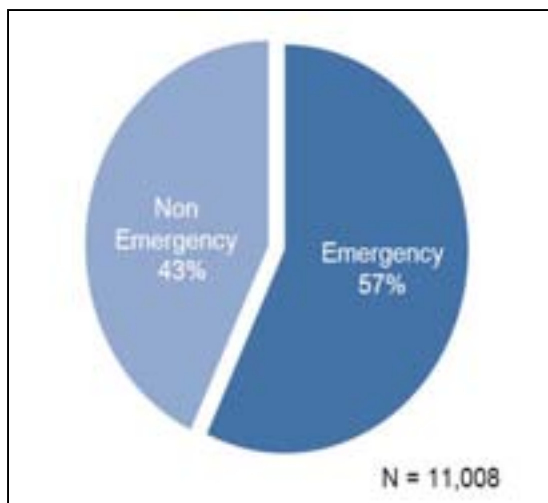
Do you have a PCP or Family Doctor?



Have a PCP? (% by Ins Type)				
<i>Ins Type</i>	<i>I don't know</i>	<i>No</i>	<i>Yes (incl. DNU)</i>	<i>Total</i>
Commercial	3%	17%	81%	2,124
Medicaid	8%	28%	64%	3,144
Medicare	7%	18%	76%	1,106
CHP/FHP/MMC	3%	14%	83%	2,293
Other	10%	28%	62%	90
Uninsured	2%	80%	17%	1,936
<i>Total</i>	5%	31%	64%	10,693

ED Patient Survey

Why did you come to the ER?



Top “Main Medical Reason” given by the ED Patient Respondents from Survey 1

Reason	Count	% of Total
Joint or Muscle Pain	630	11%
Breathing Problems	609	11%
Other	552	10%
Flu / Cold / Fever	541	10%
Stomach pains	521	9%
Headache, Dizziness	441	8%
Accident	438	8%
Chest Pain	428	8%
Total	4,160	73%

ED Patient Survey

PCP and Insurance Status by Age

Under 18			
	Do You Have a PCP?		
Health Insurance?	No	Yes	Total
NO	4.2%	2.4%	6.6%
YES	9.5%	83.9%	93.4%
Total	13.7%	86.3%	2,222

25 - 64			
	Do You Have a PCP?		
Health Insurance?	No	Yes	Total
NO	20.0%	4.1%	24.0%
YES	19.9%	56.1%	76.0%
Total	39.9%	60.1%	5,516

18 - 24			
	Do You Have a PCP?		
Health Insurance?	No	Yes	Total
NO	20.5%	3.3%	23.7%
YES	26.1%	50.1%	76.3%
Total	46.6%	53.4%	1,251

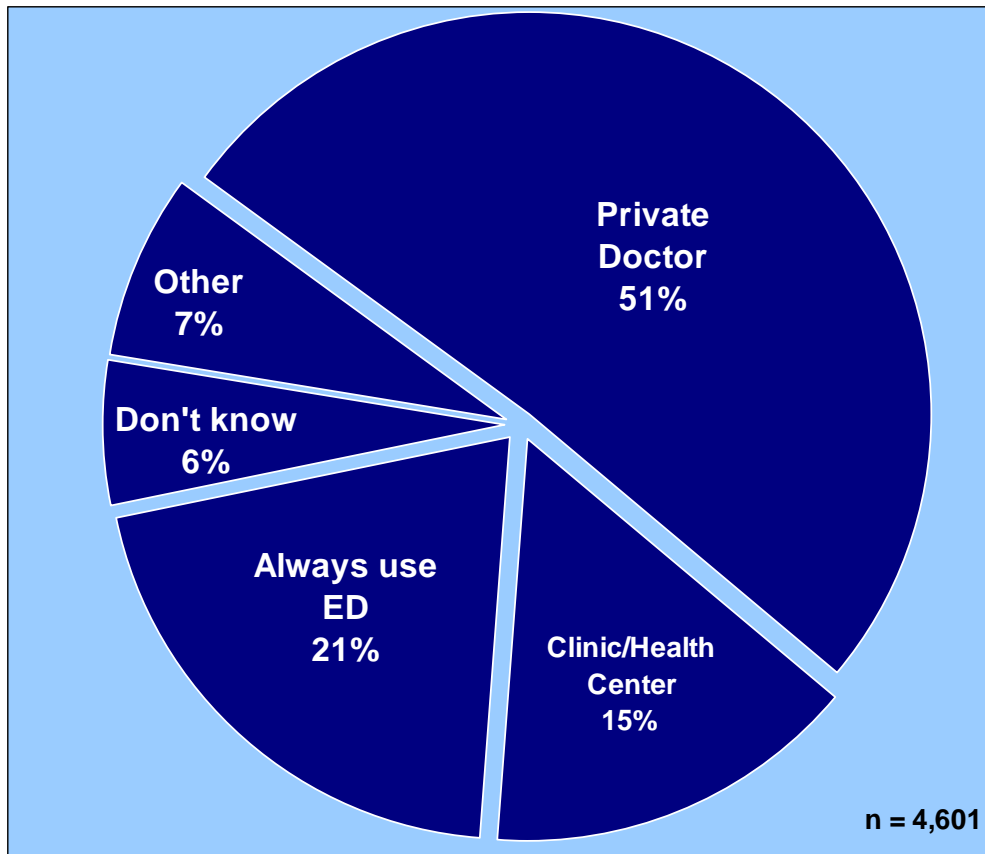
65 +			
	Do You Have a PCP?		
Health Insurance?	No	Yes	Total
NO	7.5%	1.3%	8.8%
YES	11.0%	80.3%	91.2%
Total	18.5%	81.5%	1,165

UHB Data Validation

Survey Question	UHB Survey Result - Nov 9th Thru Nov 23, 2010	UHB Administrative Data - Nov 9th Thru Nov 23, 2010
Male	38%	36%
Female	62%	64%
Uninsured	10.6%	13.5%
18 - 24 yrs old	11.7%	11.5%
45 - 64 yrs old	19.8%	20.2%
HealthFirst Pts	9%	16%
Empire Pts	8%	5%

ED Patient Survey

Last get your care outside of an ER?



Always Use Emergency Room (951 respondents)

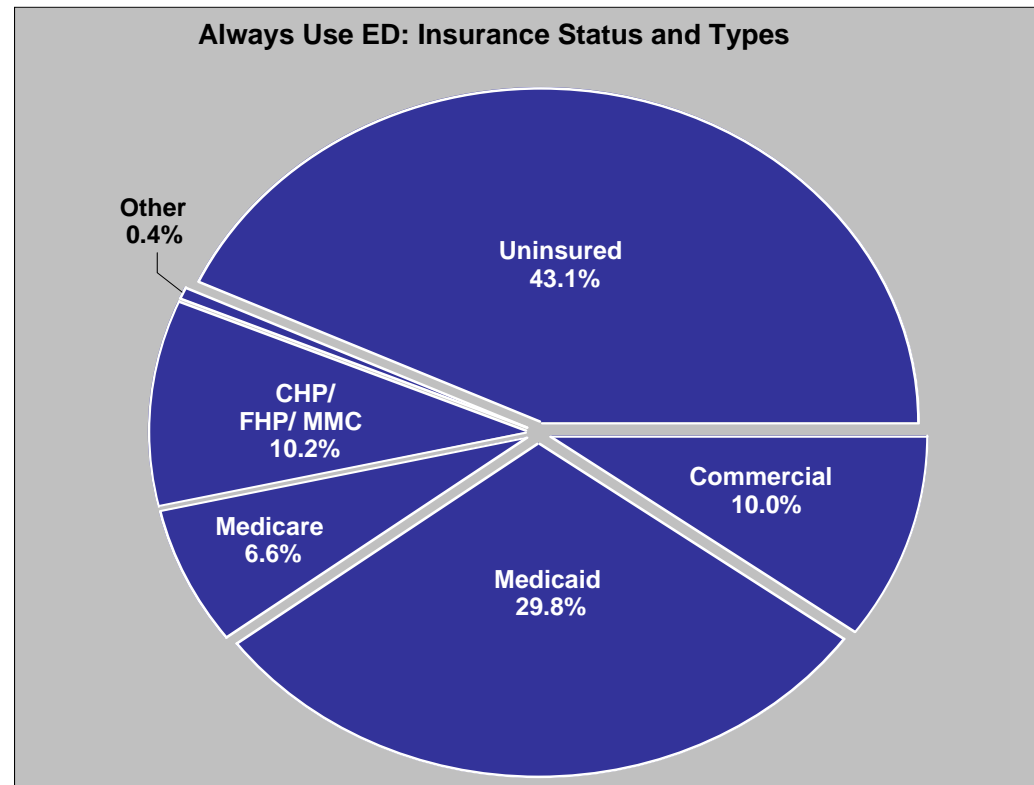
Have a PCP/Family Doctor?

No	71%
I don't know	12%
Yes	15%

Gender	All Responses	Always Use ED
Female	57%	48%
Male	43%	52%

ED Patient Survey

Always use ED: Insurance Status & Type

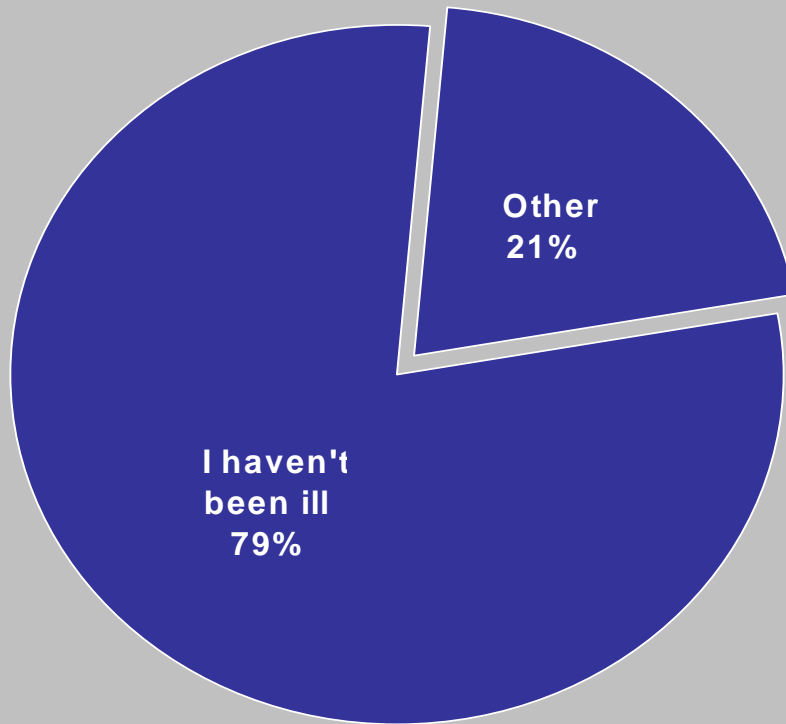


n = 951

ED Patient Survey

Why haven't you seen your Doc?

Why haven't you visited your PCP in the last year?



n = 1,115

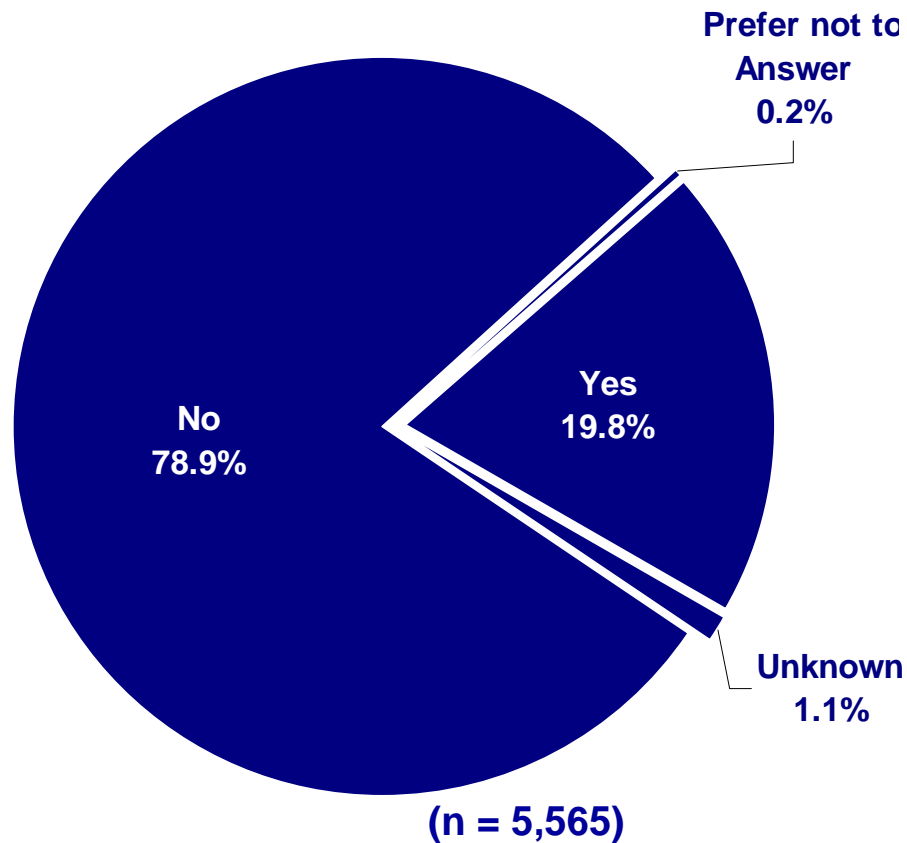
I haven't been ill
(868 respondents)

Insurance Status?

Insured (676)	78%
Un- Insured (192)	22%

Insurer	Total	% Type
Commercial	134	15%
Medicaid	312	36%
Medicare	77	9%
Managed Care	146	17%
Other	7	1%
Total	676	78%

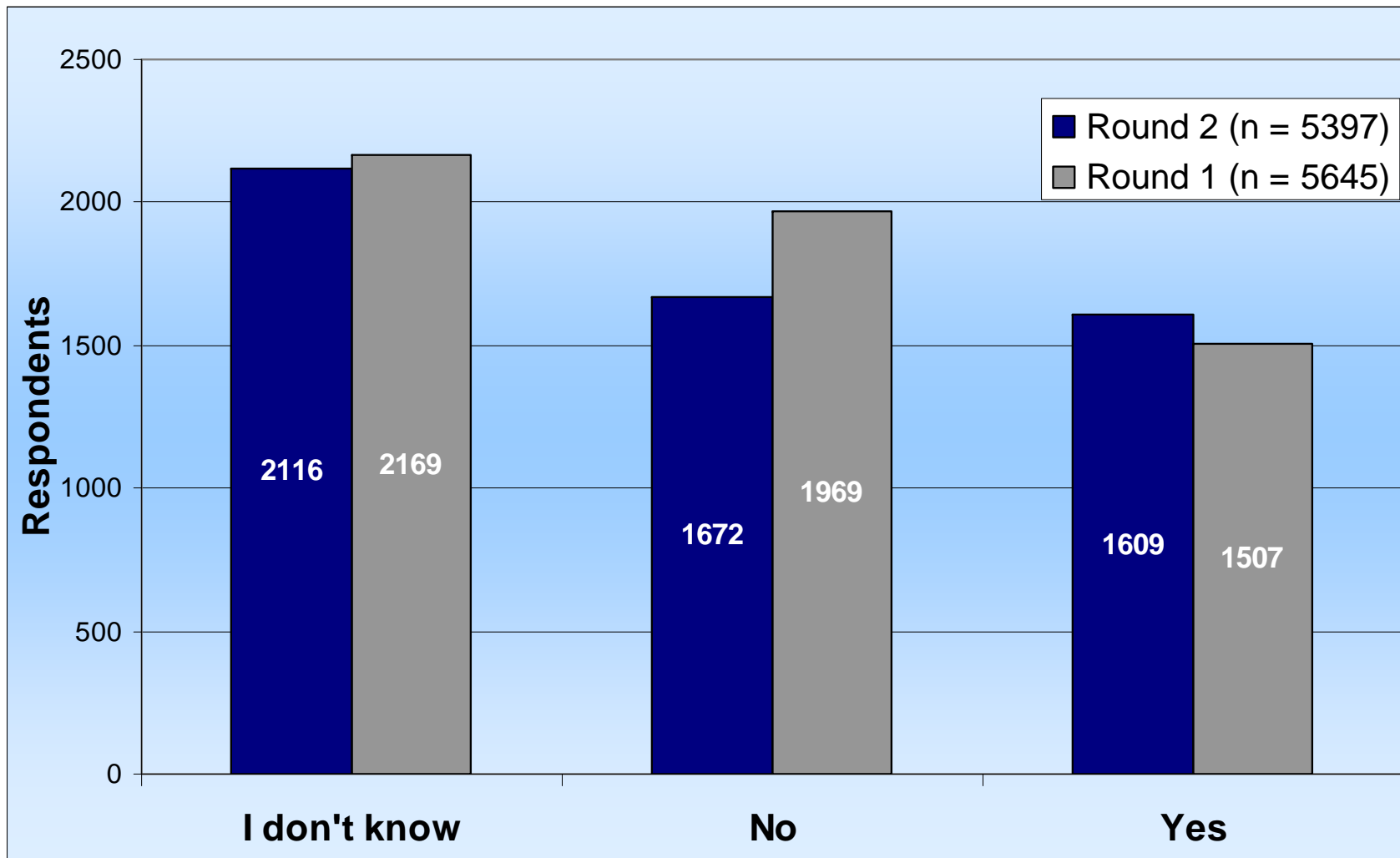
Admits in last 12 Months



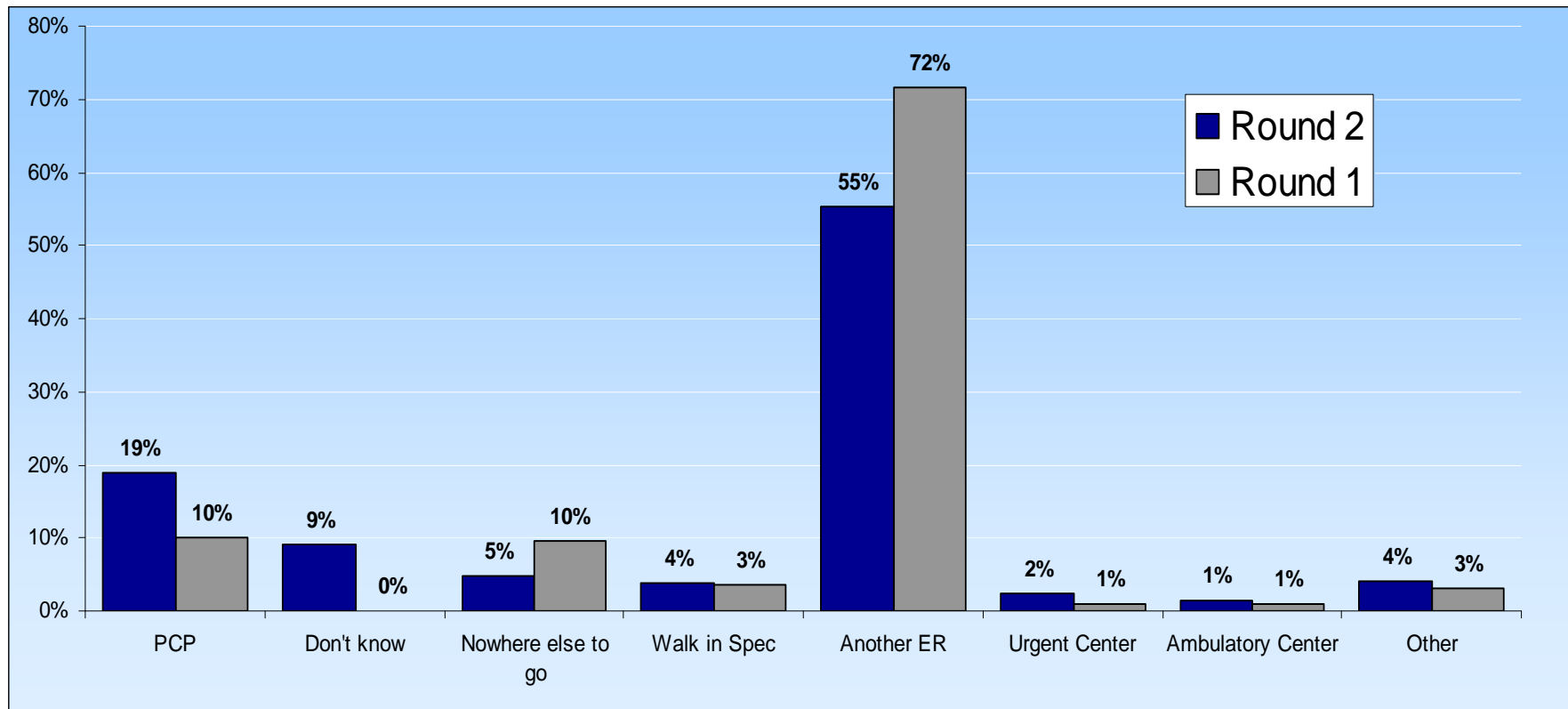
No. Times Admitted w/in Last 12 Months?	No. Respondents
Unknown no.	187
One	549
Two	216
Three	84
Four	30
Five	20
Six	10
Seven	2
> Ten	5
total	1,103

* DATA ONLY AVAILABLE FOR ROUND 2

Is there a “Walk in Clinic” in your neighborhood?



Where else would you go?



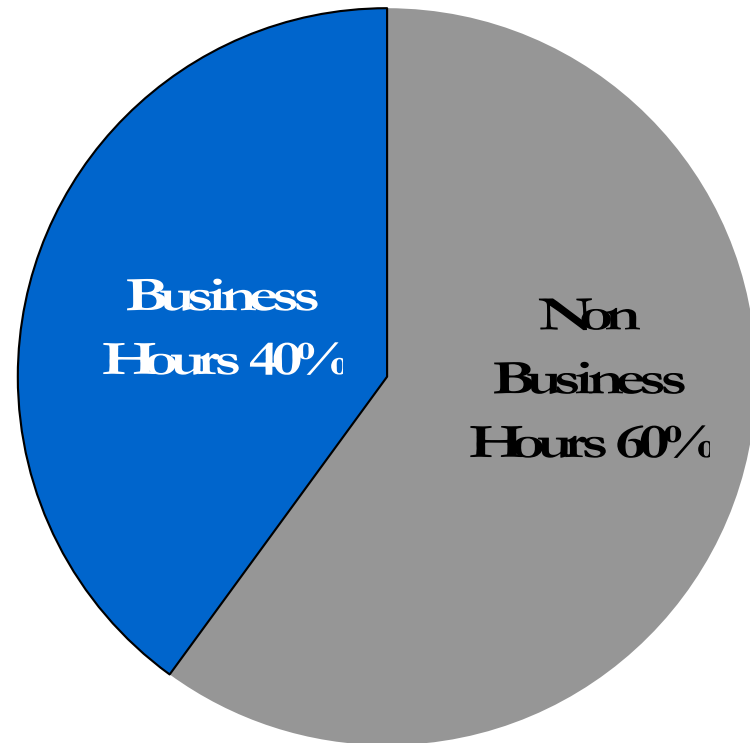
Non-Emergent Patients

What time did you arrive?

928 responded they arrived during business hours
(8am to 5pm, Mon to Fri)

Assumptions:

*Your PCP is open or
Primary Care should be accessible*



n = 2,362

Top Non-Emergency Responses

Issues around Convenience, Preference for ED, and PC wait times account for 1/2 of Non Emergency Visits	Response	Business Hours	Non Business Hours
	Convenience	27%	32%
	No PC	14%	11%
	Told by Doctor	13%	5%
	Insurance Issue	11%	7%
	Too long for PC	11%	6%
	PC Closed	9%	22%
	Where I come	5%	12%
	Other	9%	6%

Business Hour Non – Emergency Patients Where else would you go?

Response	Business Hours
Another ER	55%
PCP	22%
Nowhere else/Don't know	13%
Other	10%

People appear to prefer going to the Emergency Department even when primary care options could be available.

n = 522

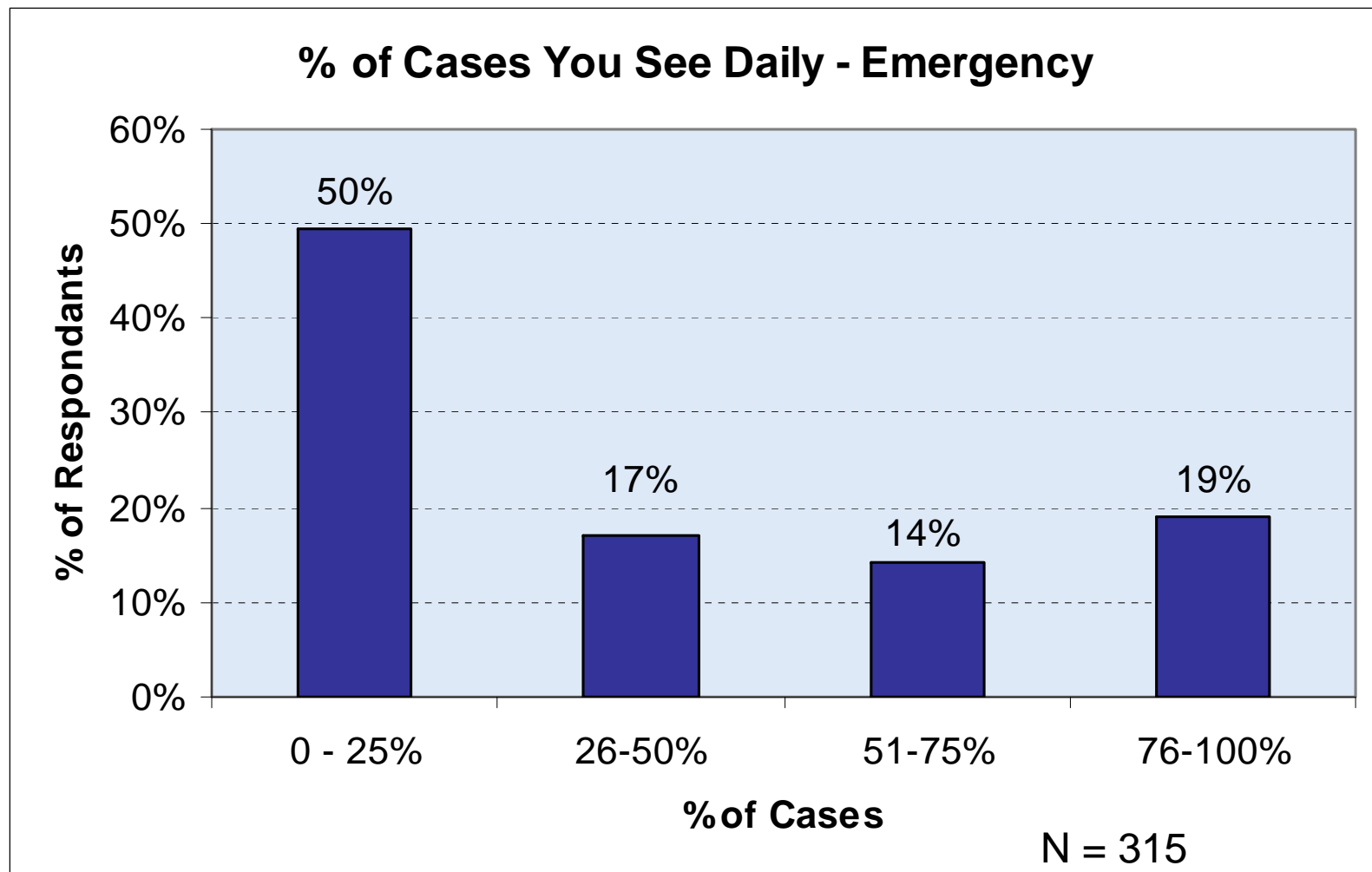
Appendix 6C

Emergency Department Staff Survey

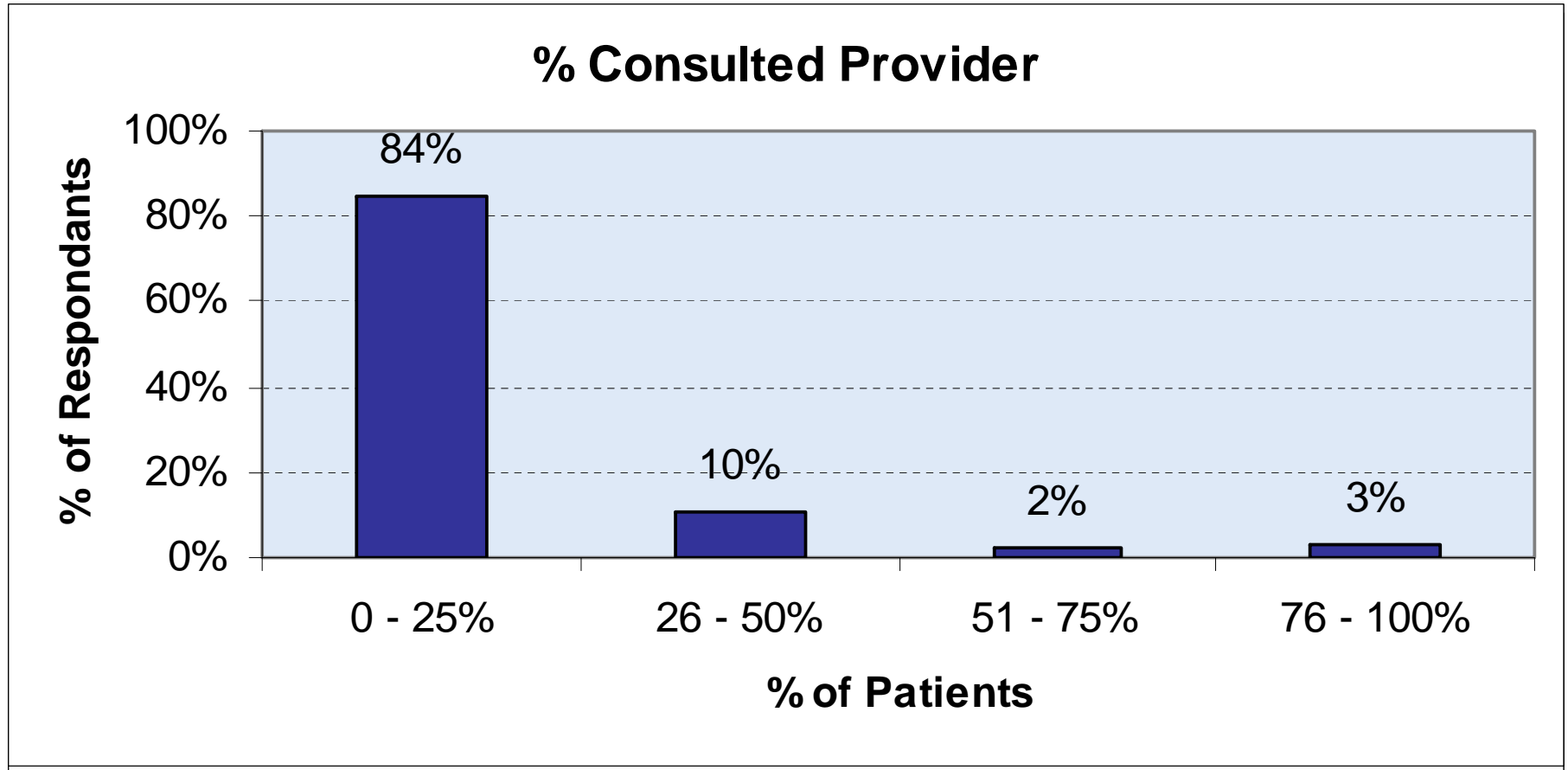
Staff Survey Response

<u>Location</u>	<u>Total</u>	<u>Staff Count</u> <u>(estimate)</u>	<u>Response Rate</u>
Brookdale University Hospital	81	190	42.6%
Interfaith Medical Center	49	90	54.4%
Kings County Hospital	64	340	18.8%
Kingsbrook Jewish Medical Center	46	80	57.5%
Woodhull Medical Center	96	200	48.0%
University Hospital of Brooklyn	78	130	60.0%
	414	1,030	40.2%

Emergency Cases

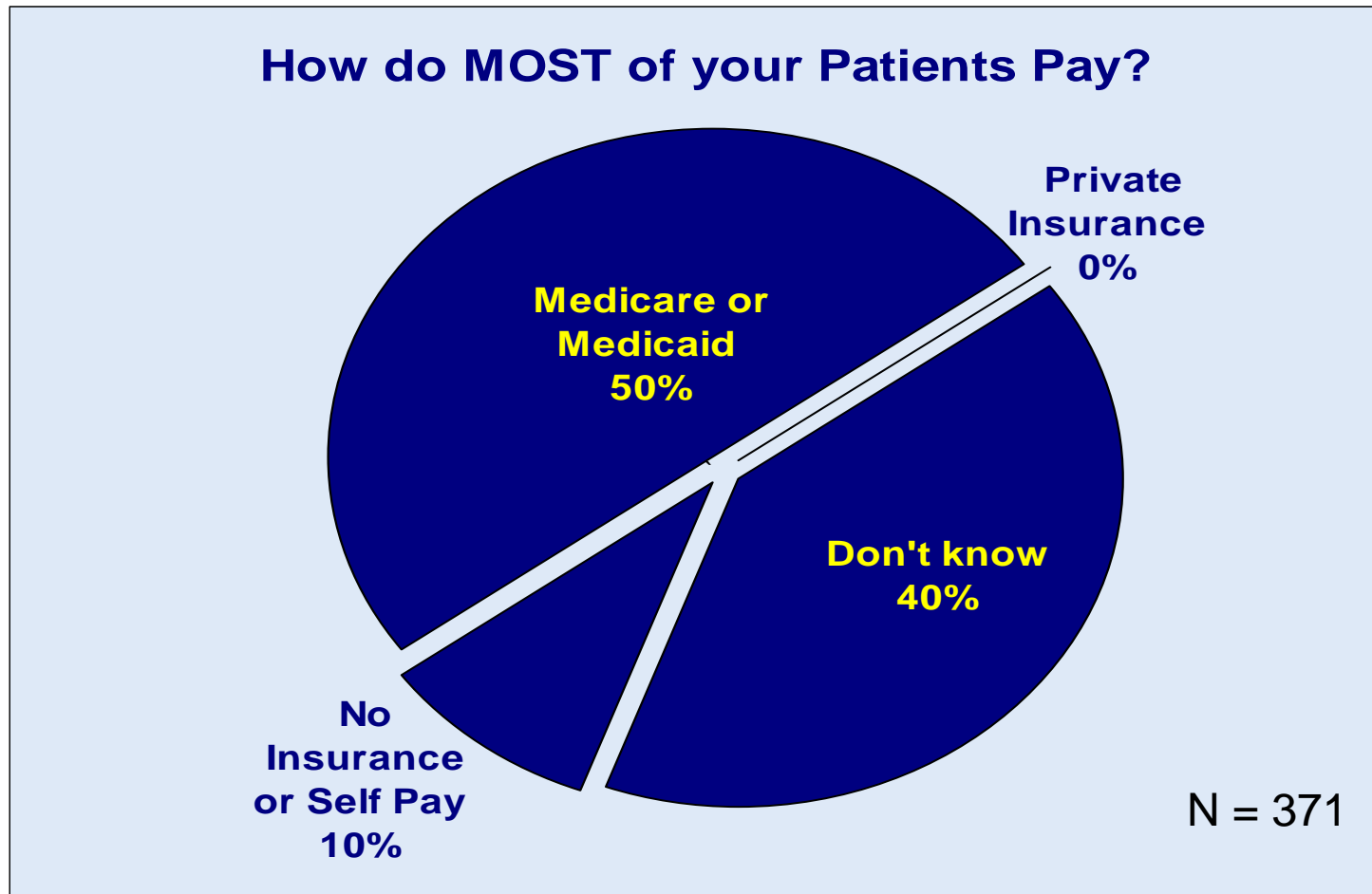


Consulted Provider



N = 290

ED Staff perception of ED patients insurance status



ED staff perceived reasons for ED patient visit

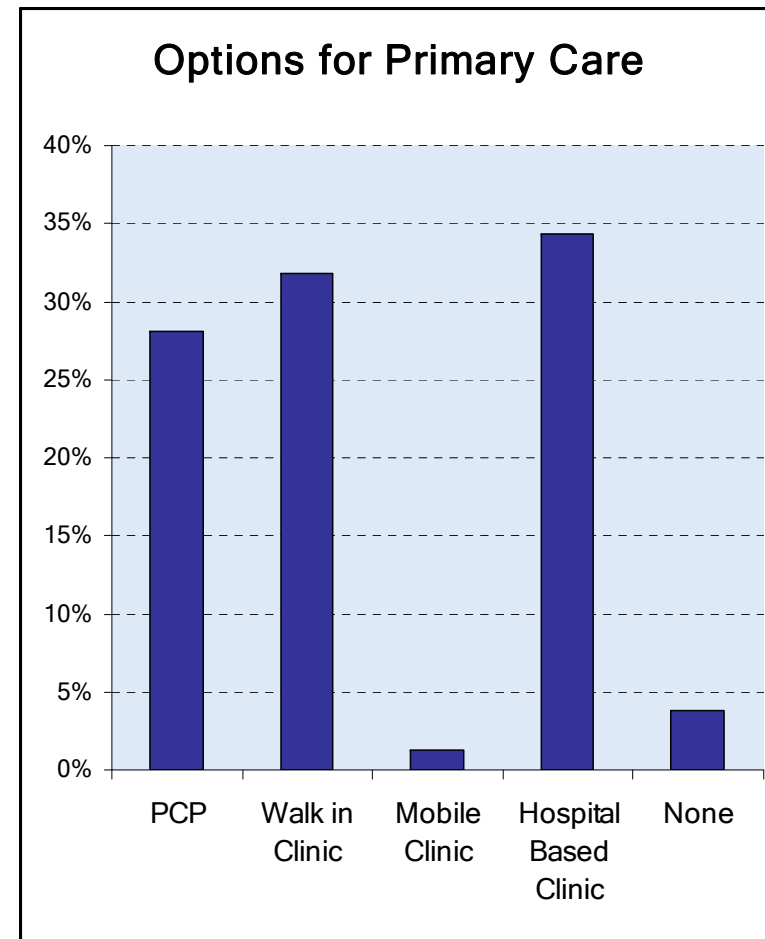
Reasons Patients Come to ED for Primary Care - % of ED staff who responded to this question	
No Insurance	25 %
Patient has no PCP	15
No Appointment Available with PCP/Clinic	11
Patient has Nowhere Else to go	11
Easier Access to Comprehensive Care	10
Closest Location	9
Better Care	5
Referred by PCP	4
PCP Office Closed	4
Cheaper for the Patient	4
Needs Education	1
Convenience	1

N = 880

Primary Care Options

In your opinion, what options do your patients have for receiving primary care?

	<u>Response %</u>	<u>Response count</u>
PCP	28.1%	156
Walk in Clinic	31.8%	177
Mobile Clinic	1.3%	7
Hospital Based Clinic	34.4%	191
None	3.8%	21
Other	0.7%	4
<i>n =</i>		556



Appendix 6D

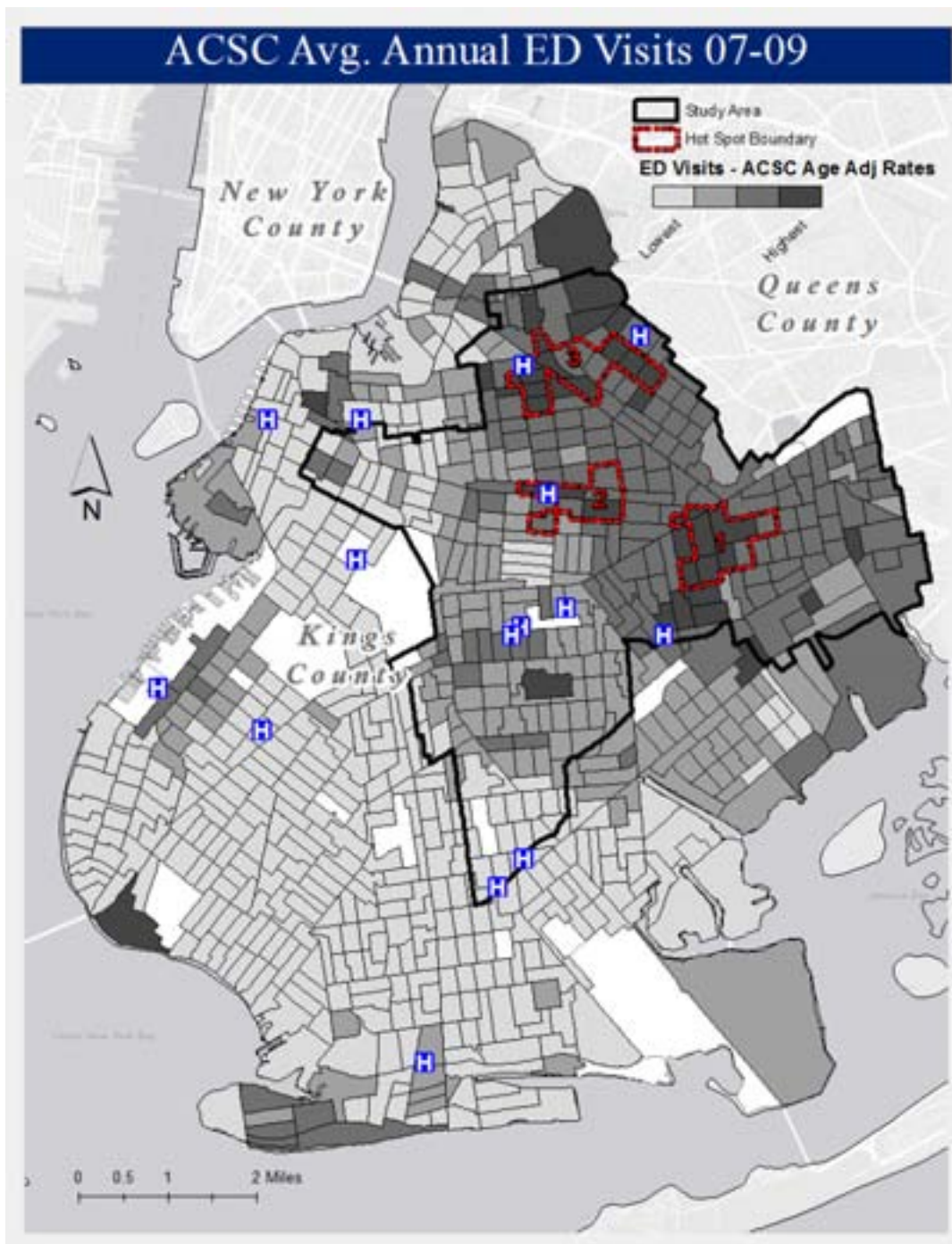
Insurance Study

Sample analysis of Health Plan Encounter Data

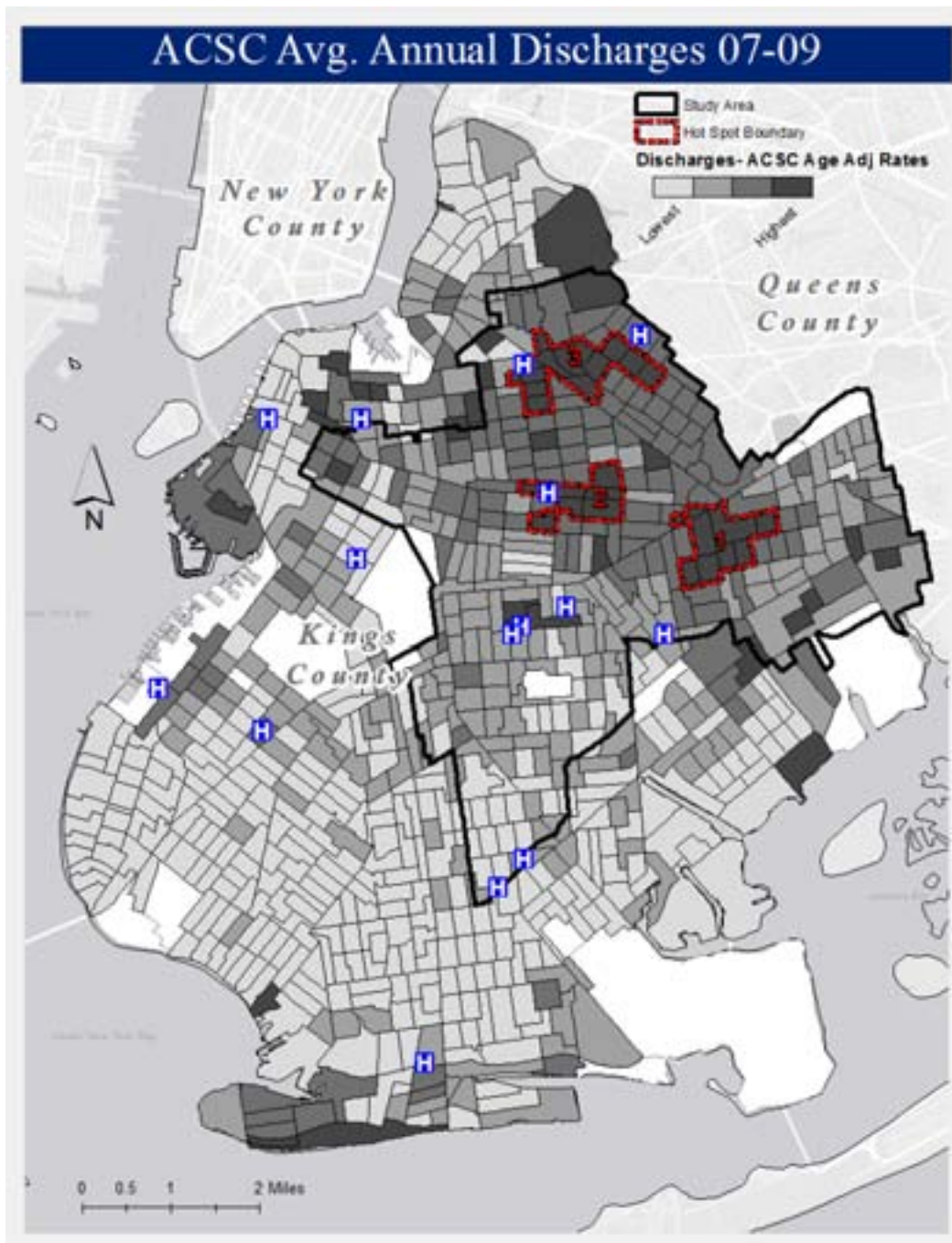
	4 Managed Care PLANS - ALL PRODUCTS	% of Ttl MBR IDs	
PROFESSIONAL CLAIMS FILES:			
Unique member ID numbers	334,519		
		% of Ttl MBR IDs	
members with encounters where Proc1 in EM range and POS = OPD excl 23 [OPD USERS]	296,536		88.6%
members with encounters POS = 23 [ER USERS]	144,691		43.3%
		% of Ttl MBR IDs with ER encounter	
ER Users Matched to OPD Users	124,844		86.3%
ER users with no OPD physician entcrs	19,847		13.7%
INSTITUTIONAL CLAIMS FILES COUNTS			
INPT USERS (BILL TYPE = 111)	62,580	% of Inpt Users	
MBR IDS WITH ACS ADMITS	3,620		5.8%
MBR IDS WITH NO ACS DX	58,960		94.2%
TOTAL	62,580		100.0%
TOTAL PAID FOR ACS ADMITS	\$20,929,468.00		
AVERAGE COST PER MBR ACS Admission	\$5,782		
		% of ACS Admit Mbrs	
MBRS WITH ACS ADMIT AND OPD USER	2,485		68.6%
MBRS WITH ACS ADMIT AND NO OPD	1,135		31.4%
		% of ACS Admit Mbrs	
MBRS WITH ACS ADMIT AND ER USER	2,327		64.3%
MBR WITH ACS AND NO ER USER	1,293		35.7%

Appendix 6E

SPARCS Study

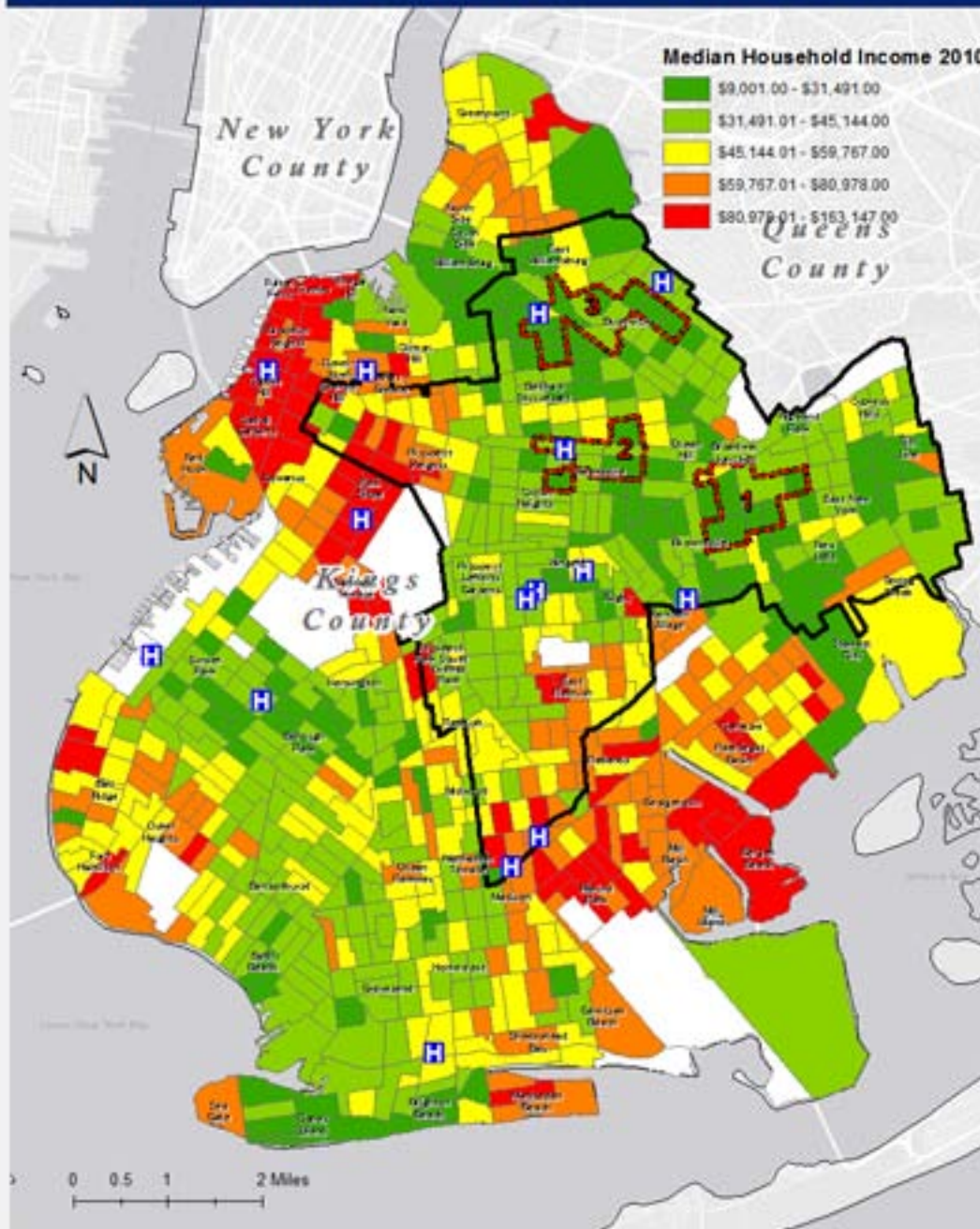


ACSC Average
Annual ED Visits
(Year 2007-2009)
by Census Tracts

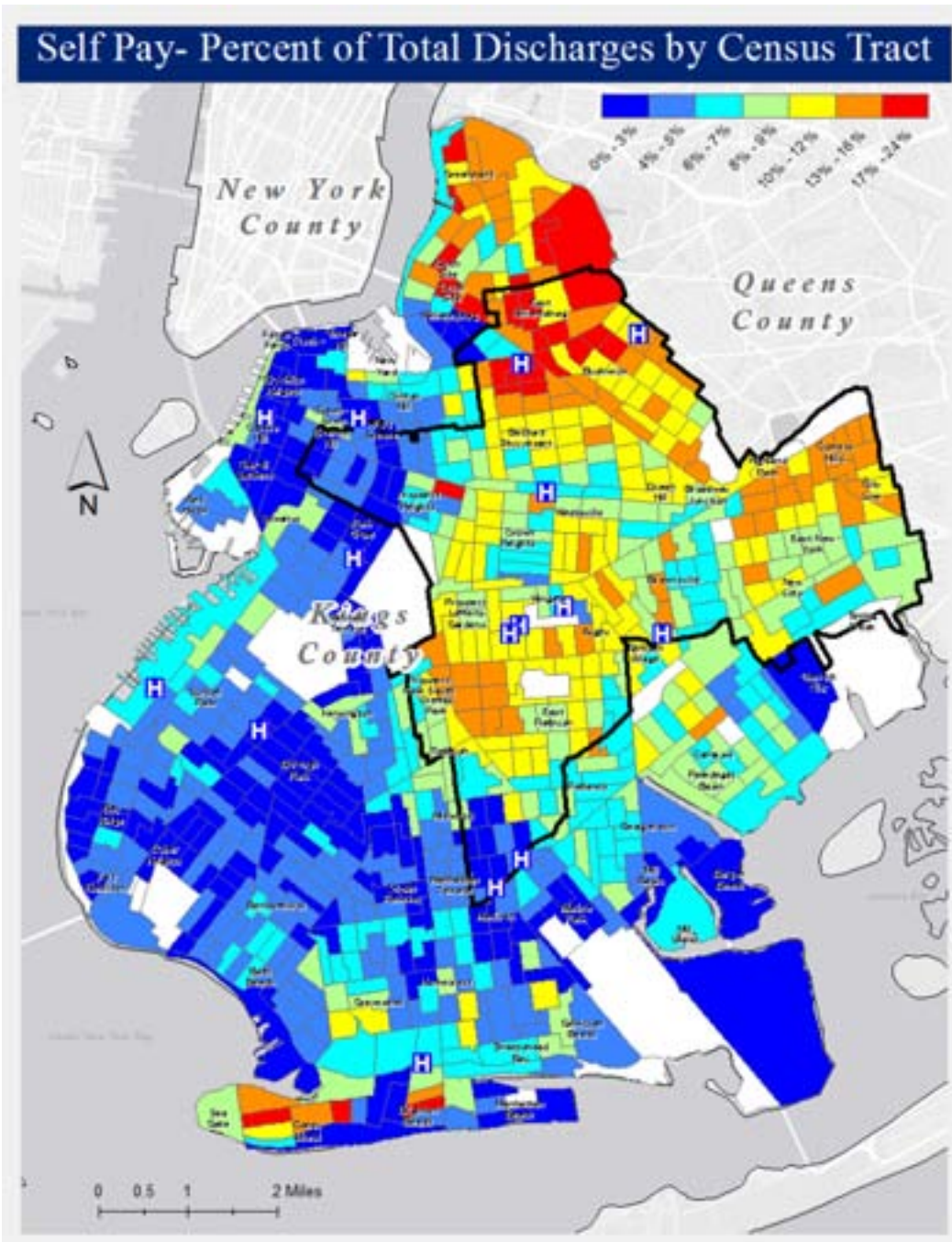


ACSC Average Annual Discharges (Years 2007-2009) by Census Tracts

Median Household Income - 2010 Census

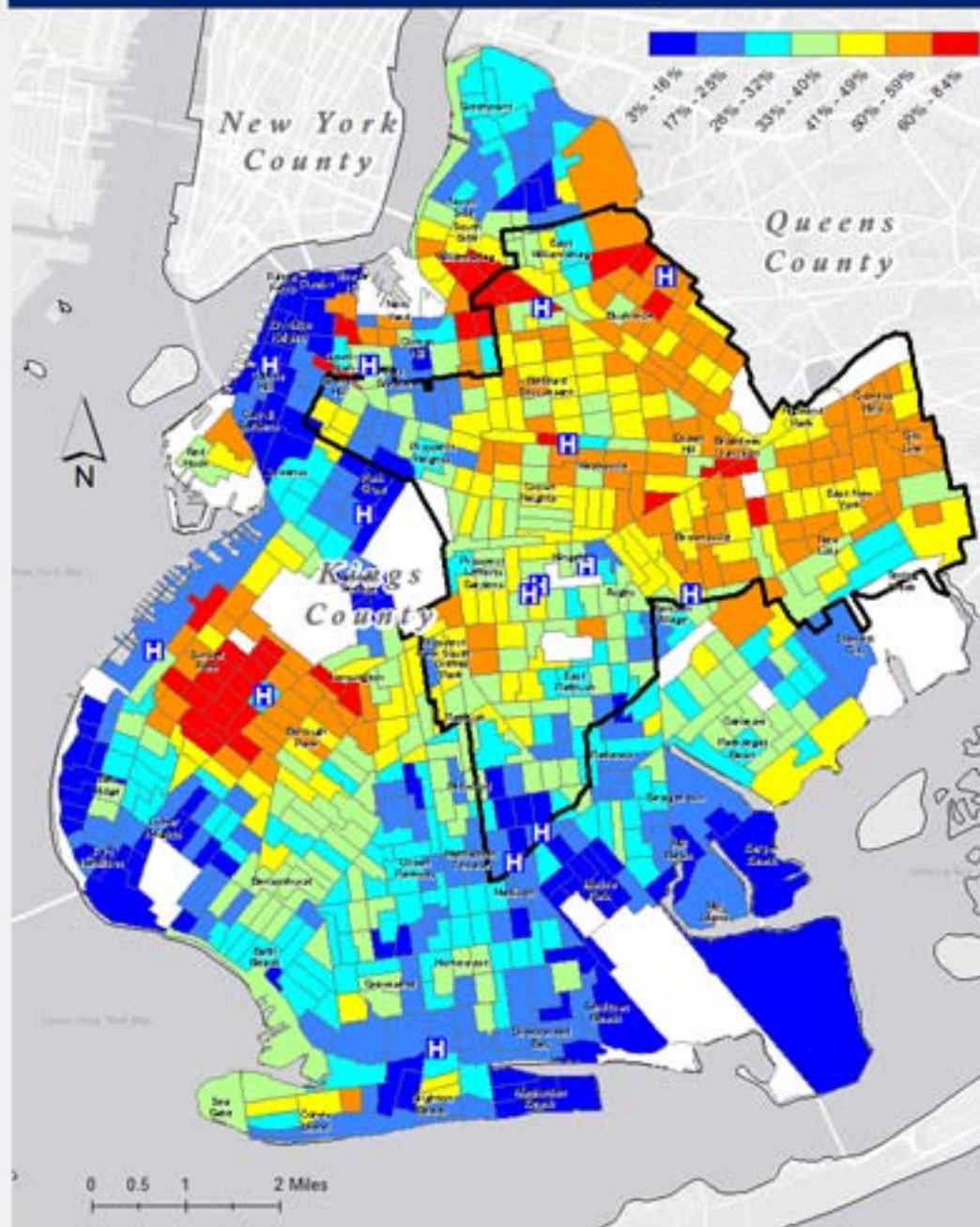


- 2010 Median Household Income
- Dark Green indicates Lower Median Income <\$31.5K
- Dark Red Higher >\$80K



- SPARCS Data
 - Average 2007-2009
- Hot Spots
 - Red: Higher Rates 17 - 24%
 - Orange: 13 - 16%
 - Yellow: 10 - 12%
 - Bluegreen: 8 - 9%
 - Aqua: 6 - 7%
 - Light blue: 4 - 5%
 - Dark blue: 0 - 3%

Medicaid - Percent of Total Discharges by Census Tract



- SPARCS Data
- Hot Spots
 - Red: Highest Rates 60 - 84%
 - Orange: 50 - 59%
 - Yellow: 41 - 49%
 - Bluegreen: 33 - 40%
 - Aqua: 26 - 32%
 - Light blue: 17 - 25%
 - Dark blue: 3 - 16%:

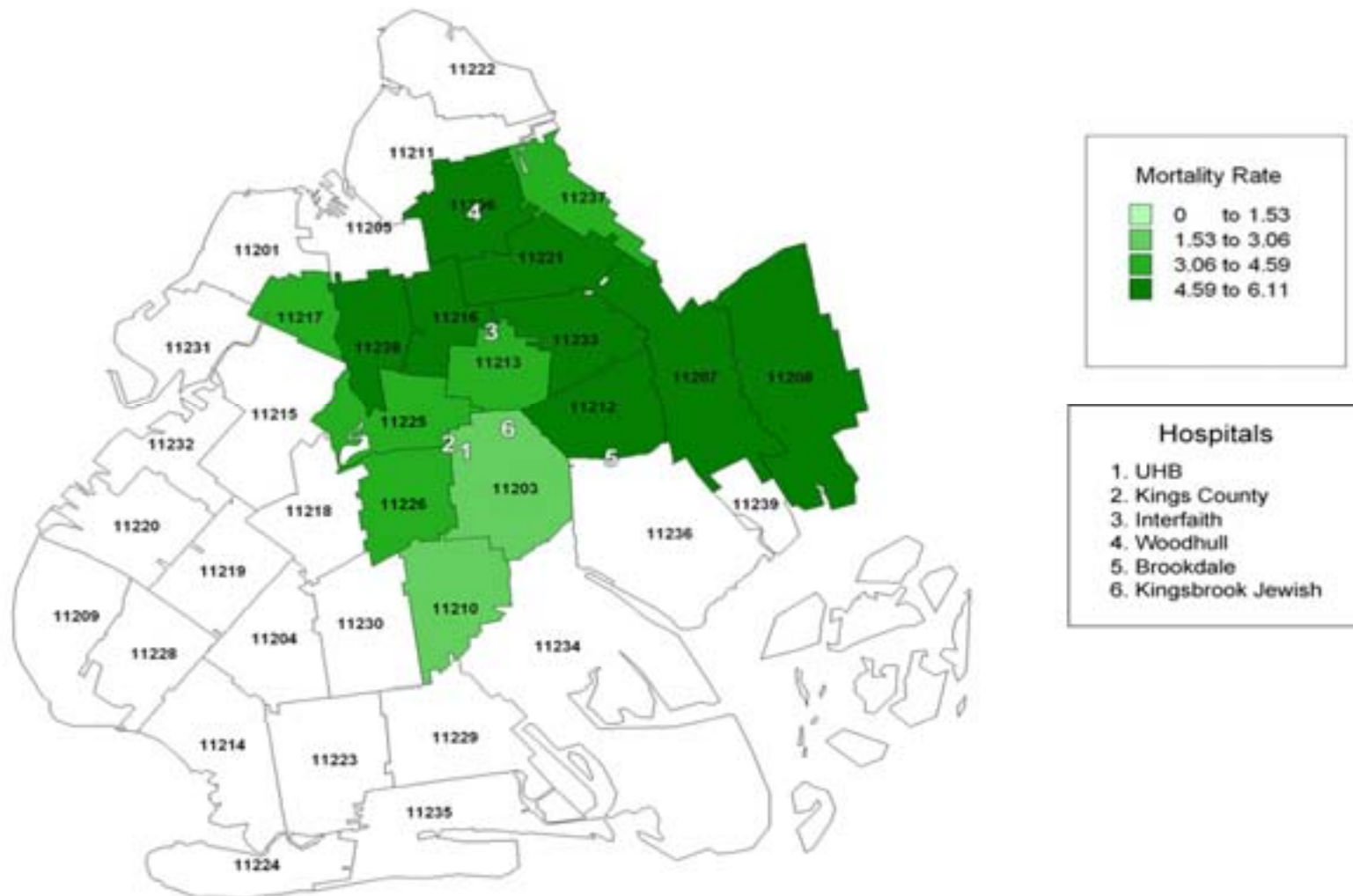
Premature Mortality, Psychiatry and Drug Related Statistics

SPARCS Data from 2006 - 2008	Age Adjusted Annual Discharges Per 1,000 Residents		
	Premature Mortality (Age < 75)	Psych	Drug & Alcohol
NYC	3.65	6.86	7.18
Brooklyn	3.56	6.31	5.69
Brooklyn w/o Study Zips	2.76	4.64	4.00
15 Zip Code Area	5.36	8.65	8.81

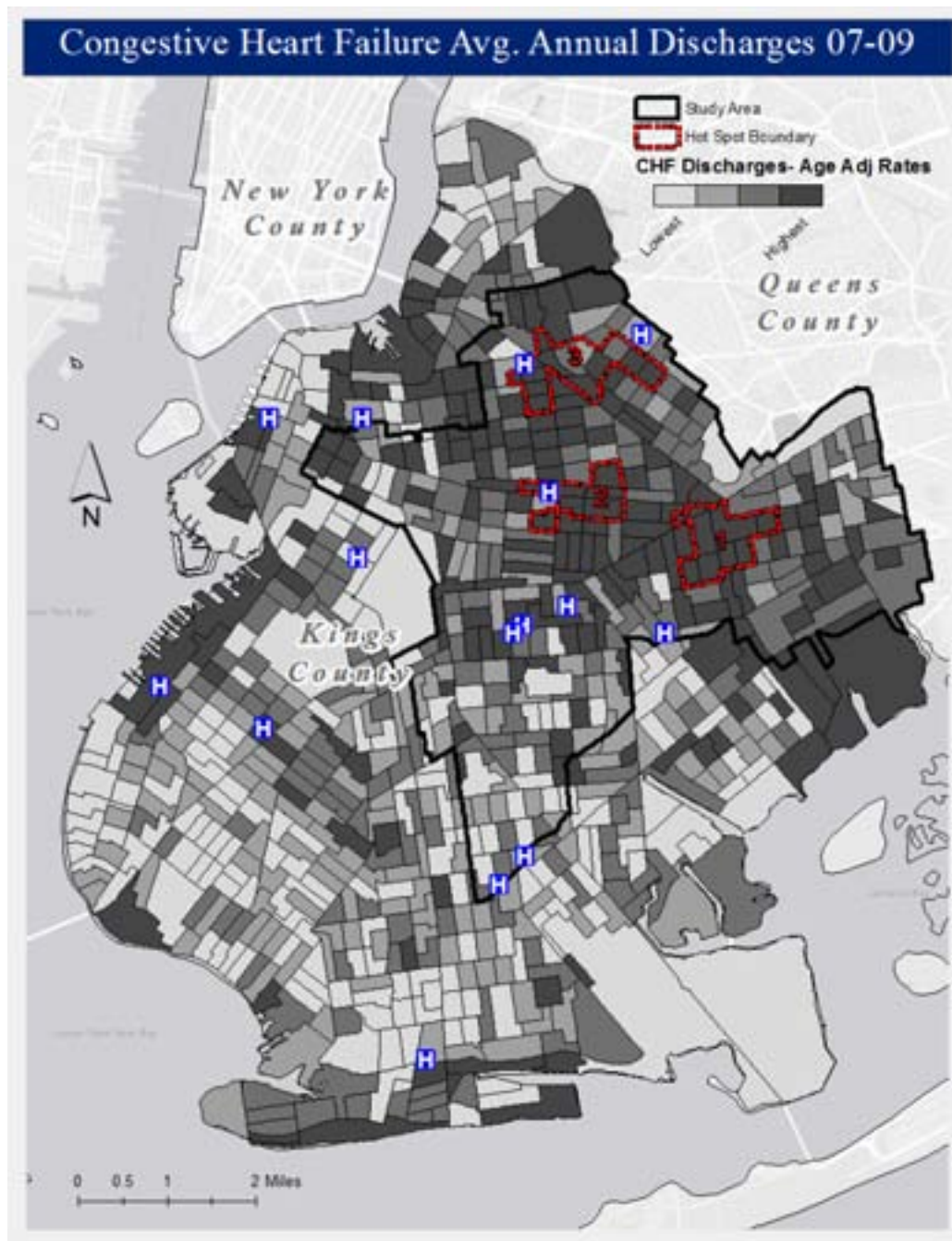
Sample Disparities

11206 - Williamsburg / Bushwick	5.56	12.4	19.69
11217 - Park Slope / Gowanus	4.14	9.88	5.7
11226 - Flatbush	3.67	6.99	3.74

Average Annual Premature Mortality (age <75) Age adjusted



Source: 2004 – 2006 NYC DOHMH, Office of Vital Statistics



CHF Average
Annual
Discharges
(Year 2007-2009)
by Census Tracts

Binomial Logistic Regression – ACSC discharges in the B-HIP study area

	Variables in the Equation							
						95% C.I. for EXP(B)		
independent variable	B	S.E.	Wald	df	Sig.	Exp(B)	Lower	Upper
female	-0.21	0.006	1440.097	1	0	0.811	0.802	0.82
age	0.013	0	8864.782	1	0	1.013	1.013	1.013
latino	0.394	0.009	2098.066	1	0	1.484	1.459	1.509
black	0.485	0.007	4686.888	1	0	1.624	1.601	1.646
asian	-0.054	0.014	15.19	1	0	0.947	0.922	0.973
other	0.163	0.008	399.206	1	0	1.178	1.159	1.197
omitted is white								
selfpay	0.256	0.014	328.675	1	0	1.292	1.257	1.329
Medicare	0.144	0.008	365.23	1	0	1.155	1.138	1.172
Medicaid	-0.091	0.008	140.429	1	0	0.913	0.899	0.927
othgovt	0.037	0.06	0.382	1	0.537	1.038	0.923	1.166
omitted is commercial insurance								
highest quartile of CTs with residents								
without H.S. diploma	0.192	0.007	844.655	1	0	1.211	1.196	1.227
number of dx (measure of severity of illness)	-0.004	0.001	21.01	1	0	0.996	0.994	0.998
CT with lowest income quartile	0.042	0.006	47.866	1	0	1.043	1.031	1.056
CT with highest number of residents								
not speaking english well	-0.106	0.008	197.231	1	0	0.9	0.887	0.913
Constant	-2.523	0.009	71107.98	1	0	0.08		

Column Headings: B=coefficient S.E.=Standard Wald=Wald statistic df=degrees of freedom
Sig. =significance Exp(B)=Odds Ratio

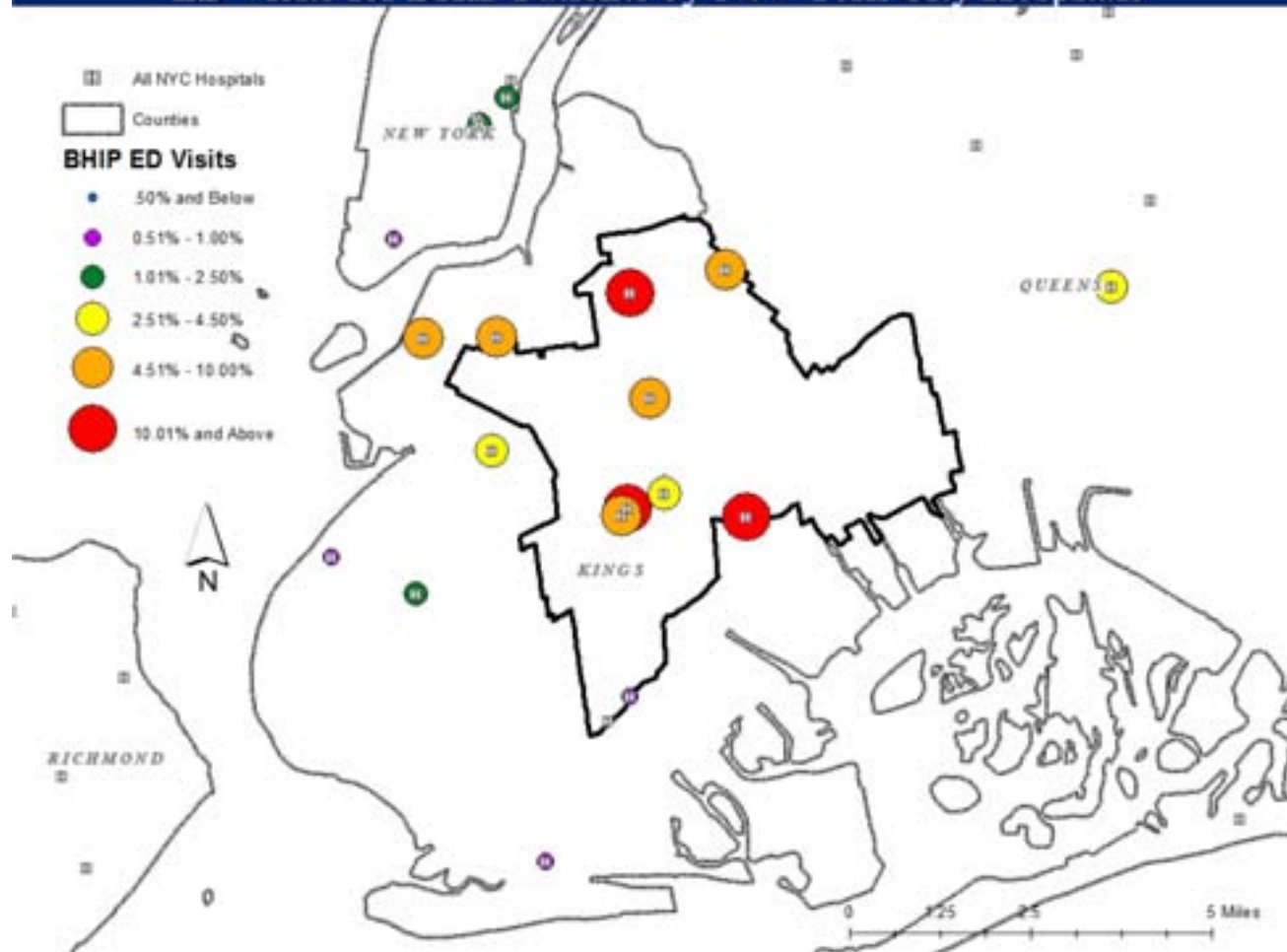
Binomial Logistic Regression – ACSC/potentially preventable ED visits in B-HIP study area

	B	S.E.	Wald	Sig.	Exp(B)	95% C.I. for EXP(B)	
						Lower	Upper
Age	-0.017	0.000	18117.076	0.000	0.984	0.983	0.984
Female	-0.374	0.005	6767.705	0.000	0.688	0.682	0.694
Latino	0.075	0.008	98.847	0.000	1.078	1.062	1.095
Black	0.056	0.006	84.511	0.000	1.057	1.045	1.070
Asian	-0.067	0.016	17.673	0.000	0.935	0.906	0.965
Omitted is Caucasian							
ACS discharge rate by census tract	0.006	0.000	580.681	0.000	1.006	1.006	1.007
Highest unemployment quartile	-0.006	0.005	1.449	0.229	0.994	0.985	1.004
Lowest income quartile	0.022	0.005	20.260	0.000	1.022	1.012	1.032
Quartile with highest rate of population without high school diploma	0.101	0.006	265.501	0.000	1.106	1.093	1.119
Lowest rate of college graduates quartile	0.004	0.005	0.814	0.367	1.005	0.995	1.014
Highest rate of vacant housing quartile	0.064	0.006	101.349	0.000	1.066	1.053	1.079
Medicare	0.358	0.012	856.313	0.000	1.430	1.396	1.464
Medicaid	0.089	0.005	286.603	0.000	1.093	1.081	1.104
Uninsured	-0.004	0.007	0.408	0.523	0.996	0.983	1.009
Omitted is commercial insurance							
Quartile of households not speaking English well	0.018	0.009	4.284	0.038	1.018	1.001	1.036
Constant	-0.540	0.010	2907.931	0.000	0.583		

Column Headings: B=coefficient S.E.=Standard Wald=Wald statistic df=degrees of freedom
Sig. =significance Exp(B)=Odds Ratio

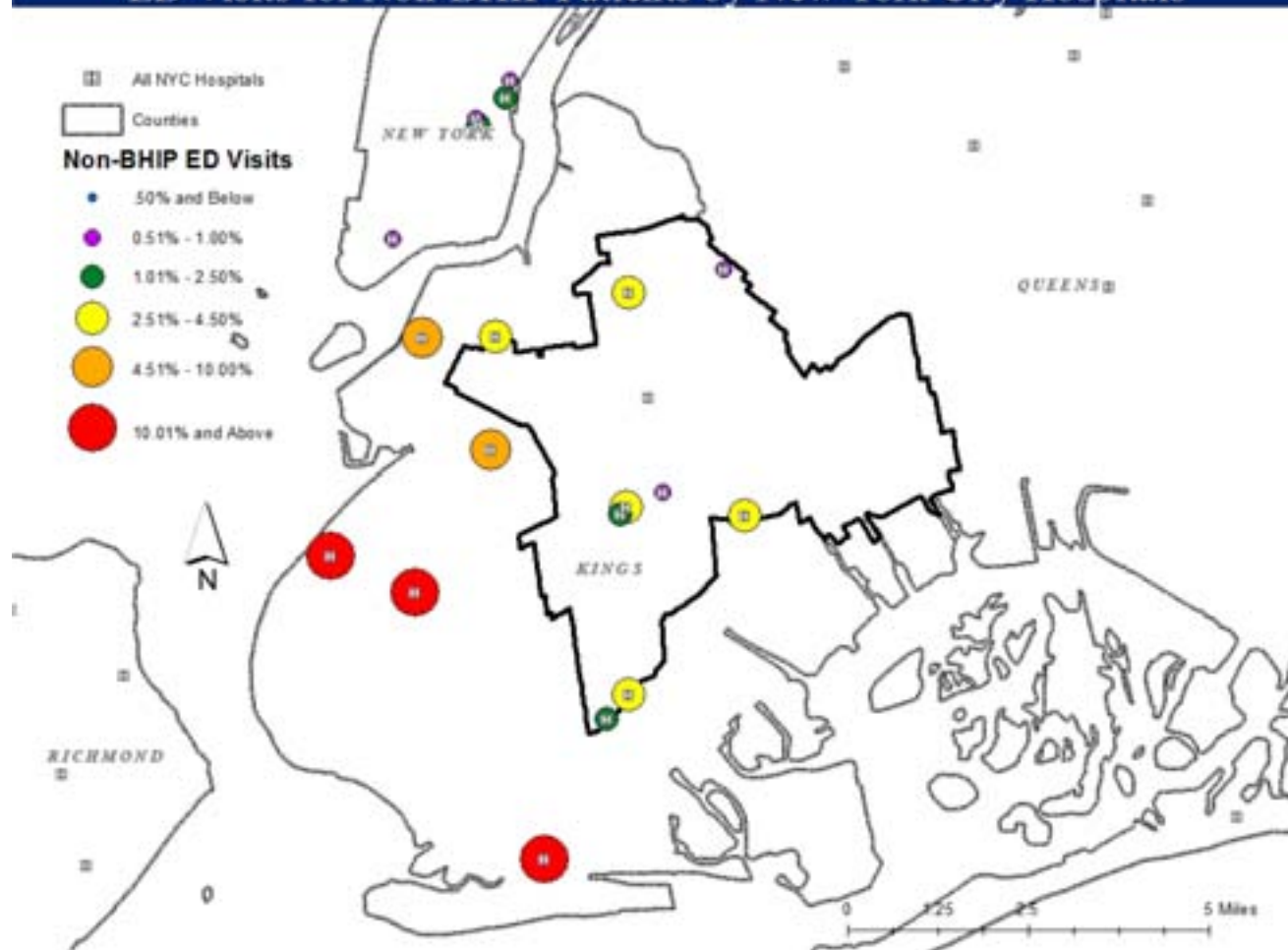
B-HIP PATIENTS' ED VISITS

ED Visits for BHIP Patients by New York City Hospitals



NON-B-HIP PATIENTS' ED VISITS

ED Visits for Non-BHIP Patients by New York City Hospitals



Appendix 6F

Hot Spots

ACSC / ED Utilization by Age Group

Age Group				BHIP		
	Hot Spot #1	Hot Spot #2	Hot Spot #3	Study Area	Non-BHIP Study Area	Brooklyn Total
Age Specific ACSC Disch Rate / 1,000						
Under 18 years	22	30	30	18	8	13
18 to 24 years	14	16	12	7	4	6
25 to 44 years	29	24	17	11	6	9
45 to 64 years	70	51	56	29	16	23
65 years and over	134	117	142	76	66	71

Age Specific ED Visits (w/o adm) Rate / 1,000

Under 18 years	592	550	776	483	237	350
18 to 24 years	720	629	624	483	260	367
25 to 44 years	768	581	545	397	208	292
45 to 64 years	577	448	557	328	162	234
65 years and over	321	283	414	235	150	182

The map displays the East New York area in Brooklyn, with a red dashed line indicating the Hot Spot Boundary. Key locations include:

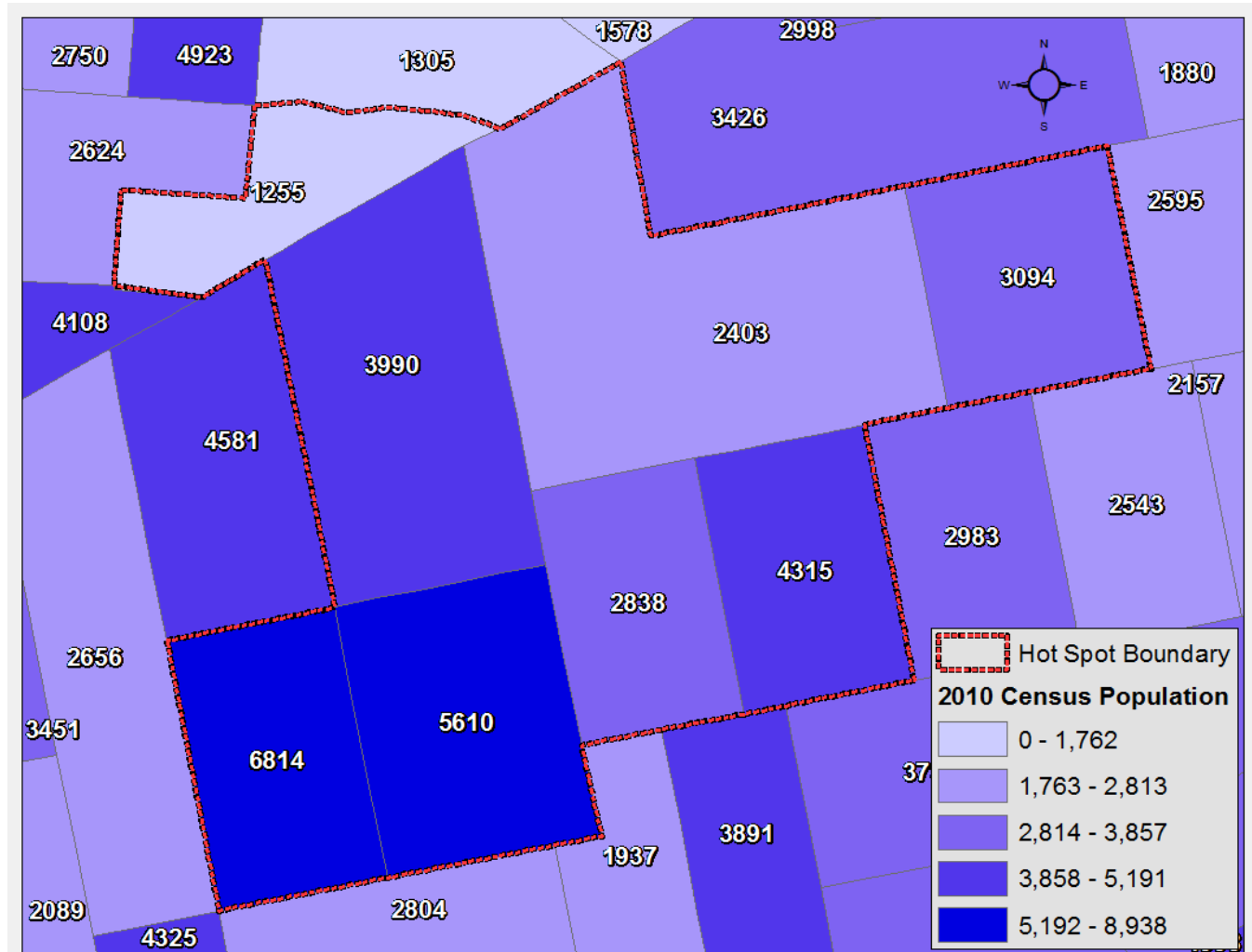
- Hot Spot Boundary:** Outlined in red, covering areas from Atlantic Avenue to the East River and from the Belt Parkway to the East River.
- NYCHA Housing Developments:** Shaded in light blue, including Howard, Glenmore Plaza, Low House 5, Hughes Apartments, Brownsville, Van Dyke I, Van Dyke II, Tilden, and Long Island Baptist Houses.
- Healthcare Locations:**
 - Drug and Alcohol Treatment Center:** Saint John's Medical Ctr (marked with a purple star).
 - Hospital/Clinic Affiliated:** East New York Diagnostic & Treatment Center, New York Diagnostic & Treatment Center, Saint School Based Health Center, Saint Martin de Porres, and Saint Joseph's Medical Ctr.
 - Pharmacy (10):** Marked with black pin icons.
 - Specialist (8):** Marked with blue pin icons.
 - PCP (4):** Marked with green pin icons.
- Other Landmarks:** Ocean Hill, East New York (part A), East New York (part B), Brownsville, and various streets like Atlantic Avenue, Sutter Avenue, and Woodson Avenue.
- Subway Stations:** Atlantic Avenue Station (L), Sutter Avenue Station (L), and others.

Canvas Data: 17 Locations

- Pharmacy (10)
- Specialist (8)
- PCP (4)

Brownsville / East New York (#1)

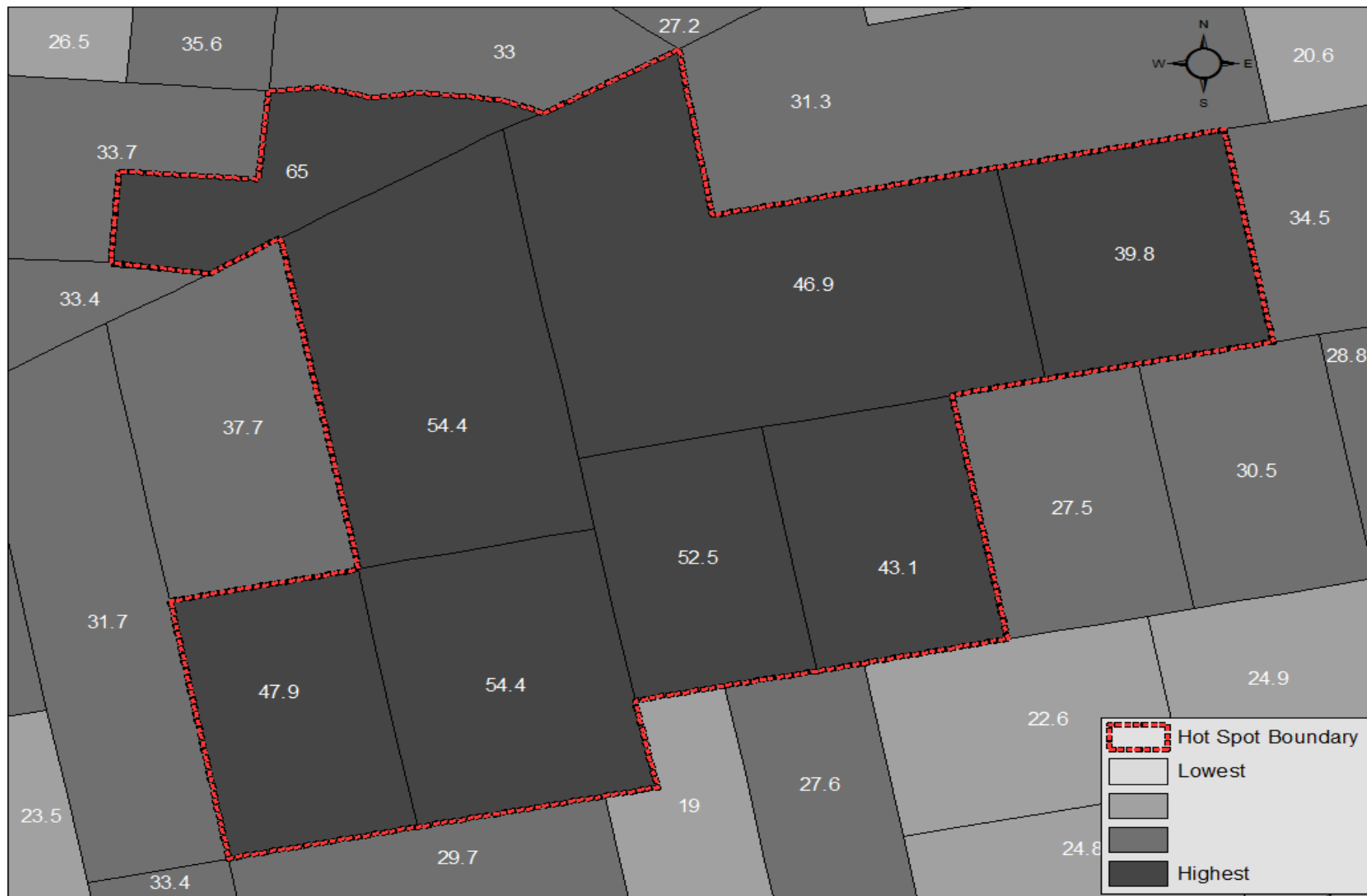
Hot Spot #1
Total
Population
30,319



HotSpot #1

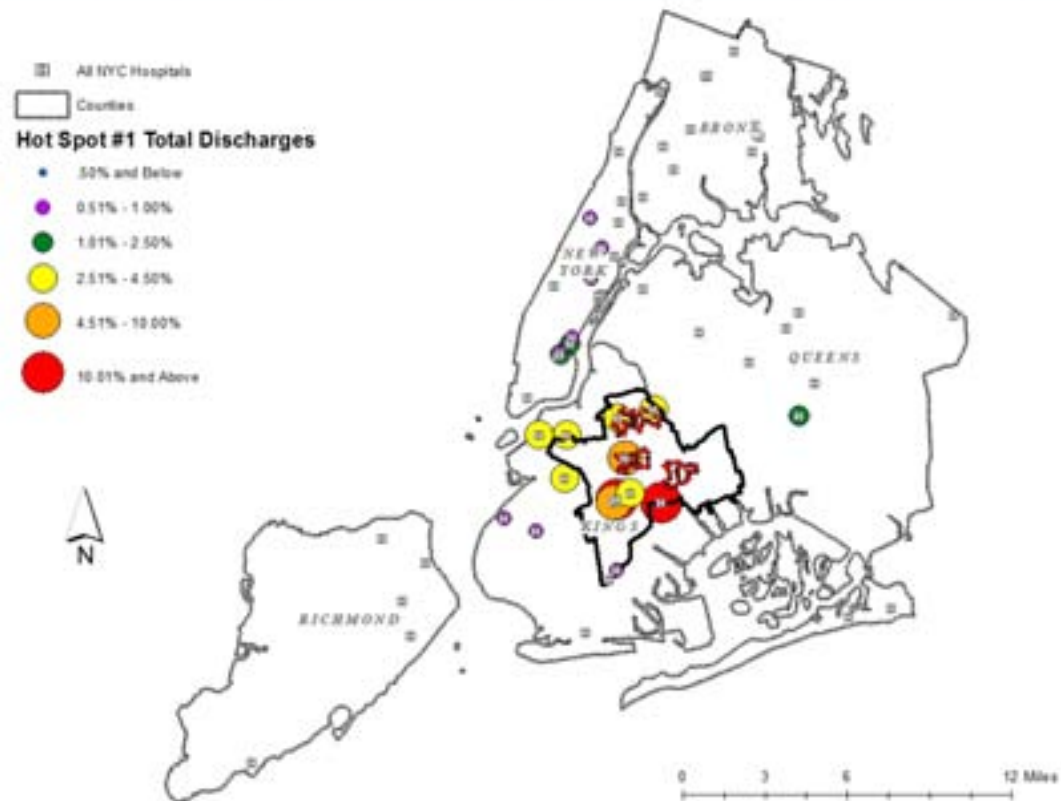
Top 20 Primary Diagnoses - ACS Discharges 2007 -2009			
Pri Dx	Description	3 Year Count	% of Total ASC D/C's
4280	CHF NOS	355	9.2%
486	PNEUMONIA, ORGANISM NOS	326	8.5%
49392	ASTHMA NOS W (AC) EXAC	302	7.9%
49322	CH OBST ASTH W (AC) EXAC	231	6.0%
34590	EPILEP NOS W/O INTR EPIL	185	4.8%
25080	DMII OTH NT ST UNCNTRLD	143	3.7%
49391	ASTHMA W STATUS ASTHMAT	134	3.5%
25013	DMI KETOACD UNCONTROLD	130	3.4%
49121	OBS CHR BRONC W(AC) EXAC	125	3.3%
42823	AC ON CHR SYST HRT FAIL	124	3.2%
6826	CELLULITIS OF LEG	124	3.2%
5589	GASTROENTERITIS	100	2.6%
27651	HYPOVOLEMIA/dehydration	98	2.6%
25002	DMII WO CMP UNCNTRLD	89	2.3%
78039	CONVULSIONS NEC	87	2.3%
42833	AC ON CHR DIAST HRT FAIL	64	1.7%
4019	HYPERTENSION NOS	60	1.6%
42821	AC SYSTOLIC HRT FAILURE	58	1.5%
25012	DM	55	1.4%
42831	CHF	53	1.4%
Subtotal		2,843	74.0%
ACS D/C 2007 - 2009		3,842	

ACSC Discharges/1,000 – Hot Spot #1



HOT SPOT #1 DISCHARGES

Total Discharges for Hot Spot #1 Patients by New York City Hospitals

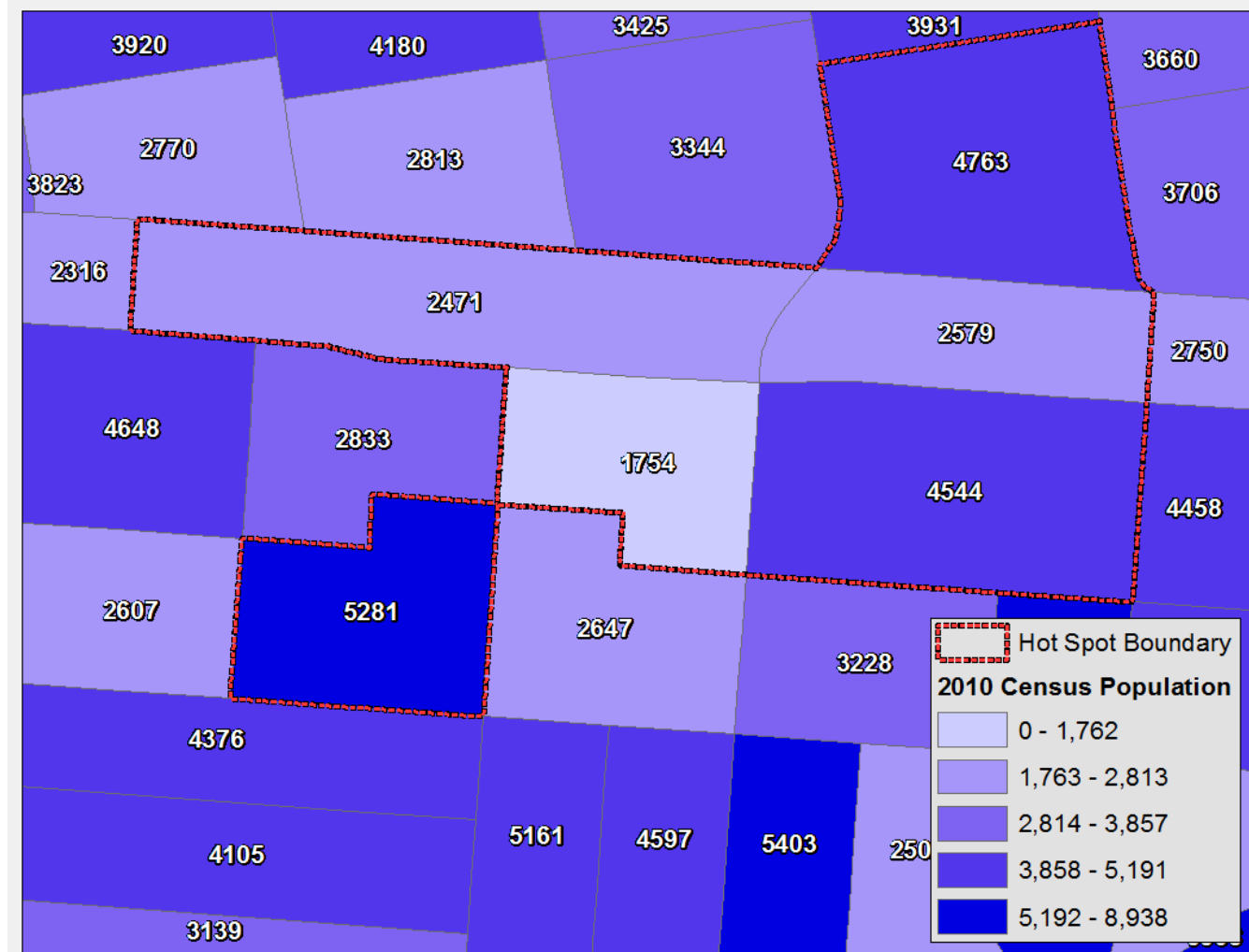


Hot Spot #2 – Crown Heights North/ Bedford Stuyvesant



Hot Spot #2 - Crown Heights/Bed Stuy

Total
Population-
21,392

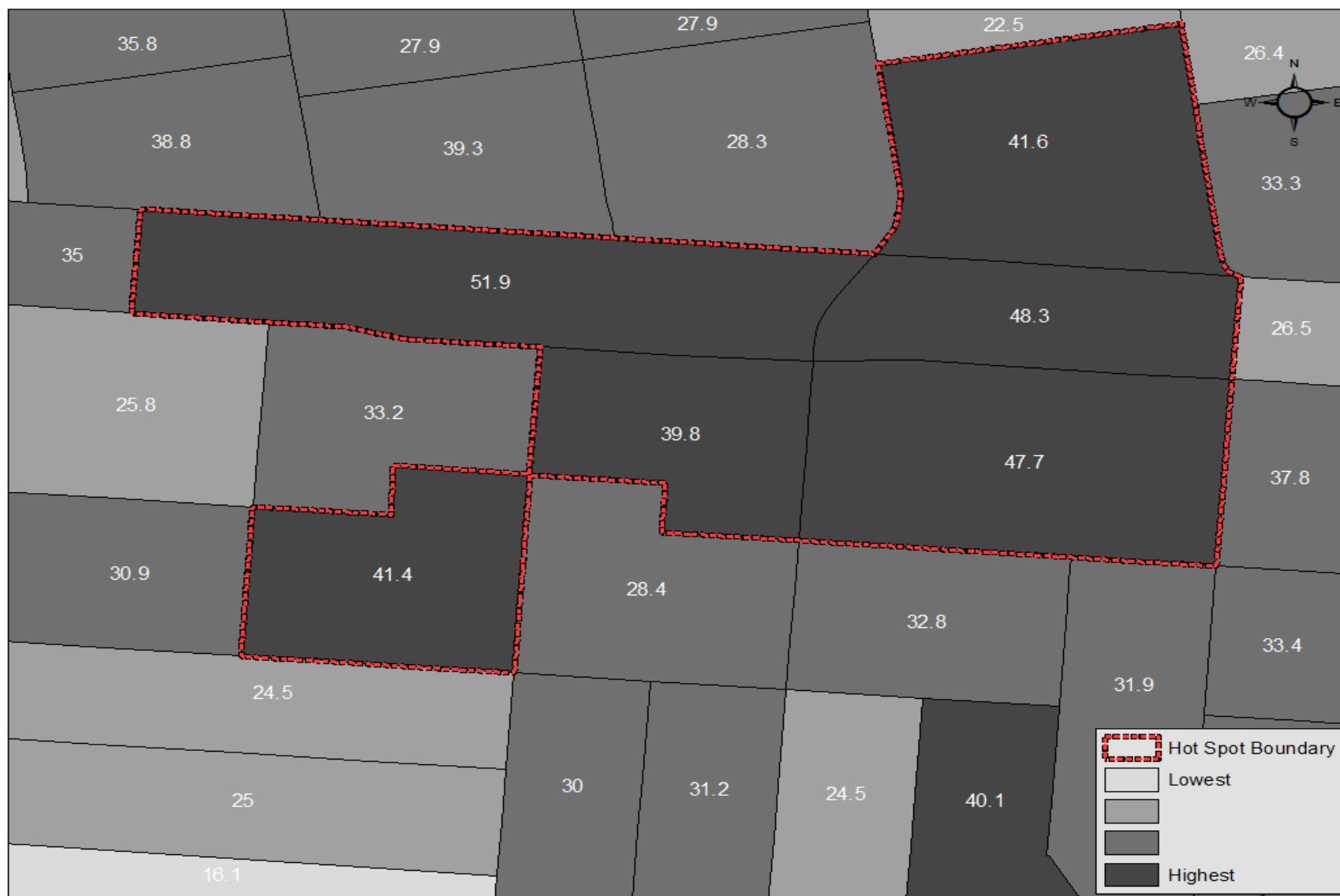


HotSpot #2

Top 20 Primary Diagnoses - ACS Discharges 2007 -2009

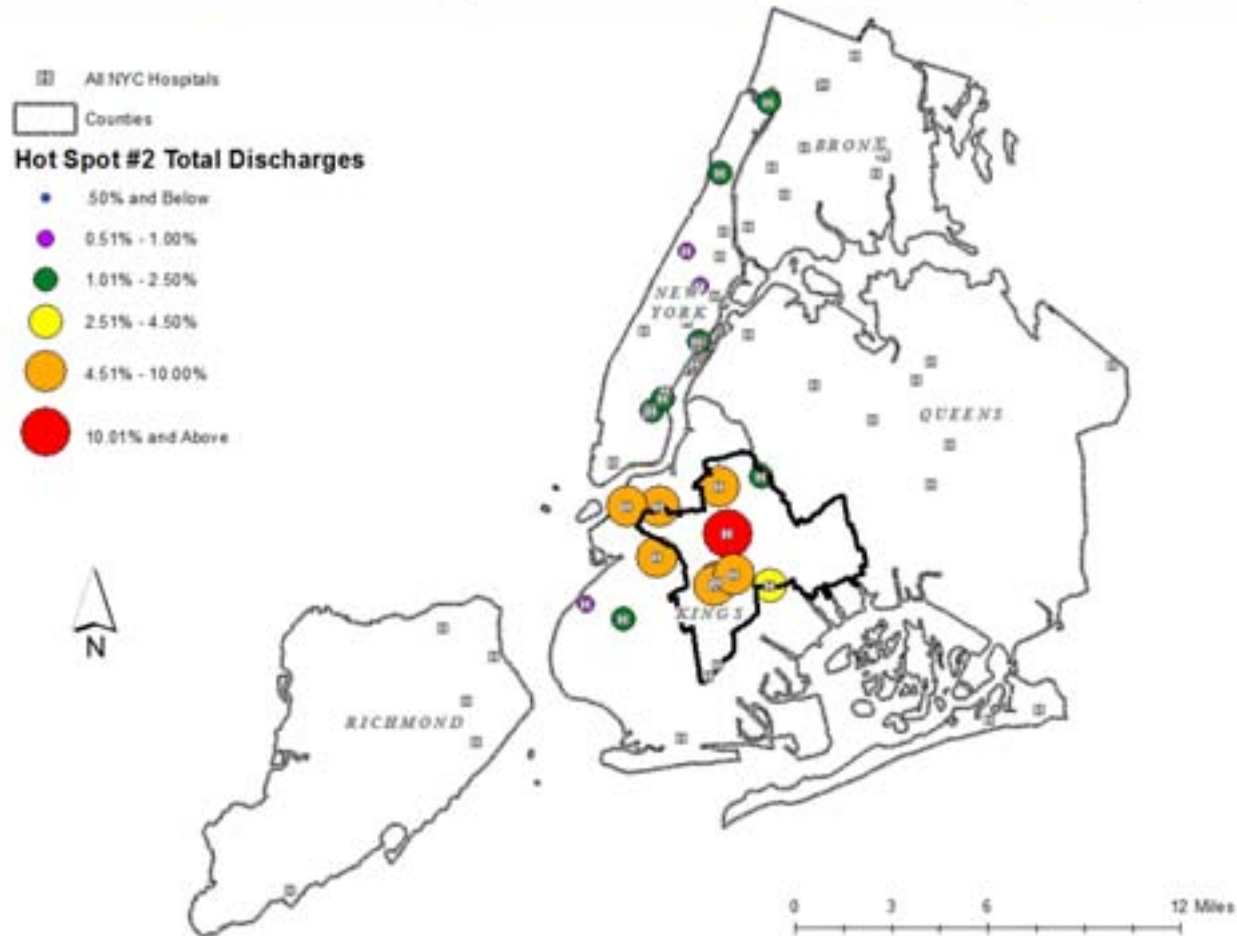
Pri Dx	Description	3 Year Count	% of Total ASC D/C's
486	PNEUMONIA, ORGANISM NOS	250	9.6%
49392	ASTHMA NOS W (AC) EXAC	244	9.4%
4280	CHF NOS	184	7.1%
49322	CH OBST ASTH W (AC) EXAC	116	4.5%
27651	HYPOVOLEMIA	113	4.4%
34590	EPILEP NOS W/O INTR EPIL	111	4.3%
49121	OBS CHR BRONC W(AC) EXAC	98	3.8%
6826	CELLULITIS OF LEG	94	3.6%
4019	HYPERTENSION NOS	93	3.6%
5589	GASTROENTERITIS	93	3.6%
78039	CONVULSIONS NEC	76	2.9%
25002	DMII WO CMP UNCNTRLD	74	2.9%
25080	DMII OTH NT ST UNCNTRLD	74	2.9%
49391	ASTHMA W STATUS ASTHMAT	68	2.6%
25013	DIABETES	50	1.9%
42821	AC SYSTOLIC HRT FAILURE	49	1.9%
4660	ACUTE BRONCHITIS	41	1.6%
25082	DMII OTH NT ST UNCNTRLD	33	1.3%
4659	ACUTE URI NOS	32	1.2%
42823	CHF	31	1.2%
Subtotal		1,924	74.2%
ACS D/C 2007 - 2009		2,594	

ACSC Discharges/1,000 – Hot Spot #2



HOT SPOT #2 DISCHARGES

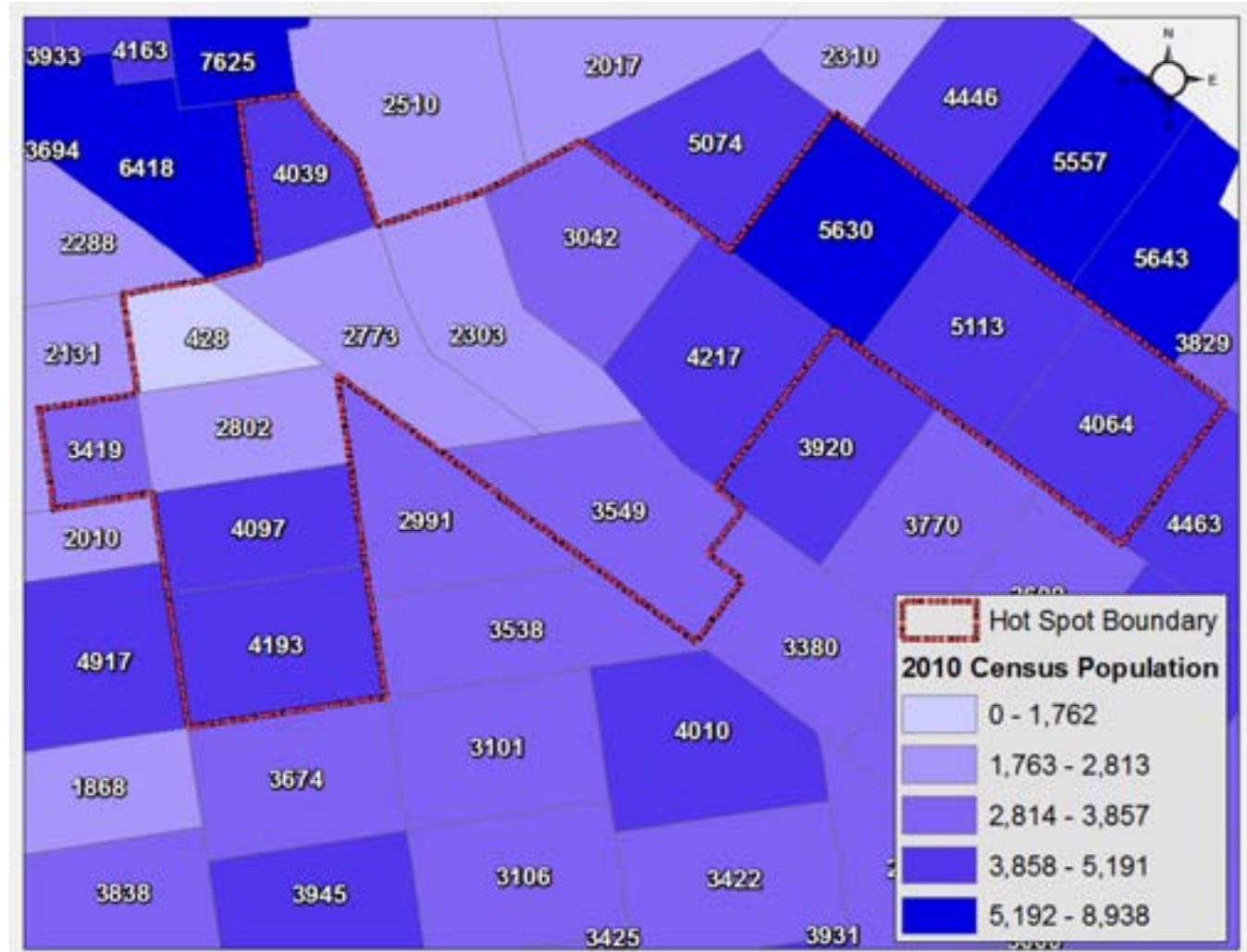
Total Discharges for Hot Spot #2 Patients by New York City Hospitals



The map displays the Bushwick area in Brooklyn, New York, with a focus on the study boundary and hot spot boundary. The study boundary is outlined in blue, and the hot spot boundary is outlined in red. The map includes labels for neighborhoods such as East Williamsburg, Bushwick North, Bushwick South, and Stuyvesant Heights. Major roads like Avenue A and Avenue B are shown, along with subway lines like the MTA. A legend in the bottom right corner defines the symbols used: Study Boundary (blue outline), Hot Spot Boundary (red dashed outline), NYCHA Housing Developments (shaded areas), Drug and Alcohol Treatment Center (purple star), Institutional Locations (green dot), Canvas Data: 40 Locations (black dot), Pharmacy (18) (black pin), Specialist (19) (blue pin), and PCP (13) (purple pin).

Hot Spot #3 - Bushwick / Stuy Heights

Total
Population
- 49,699

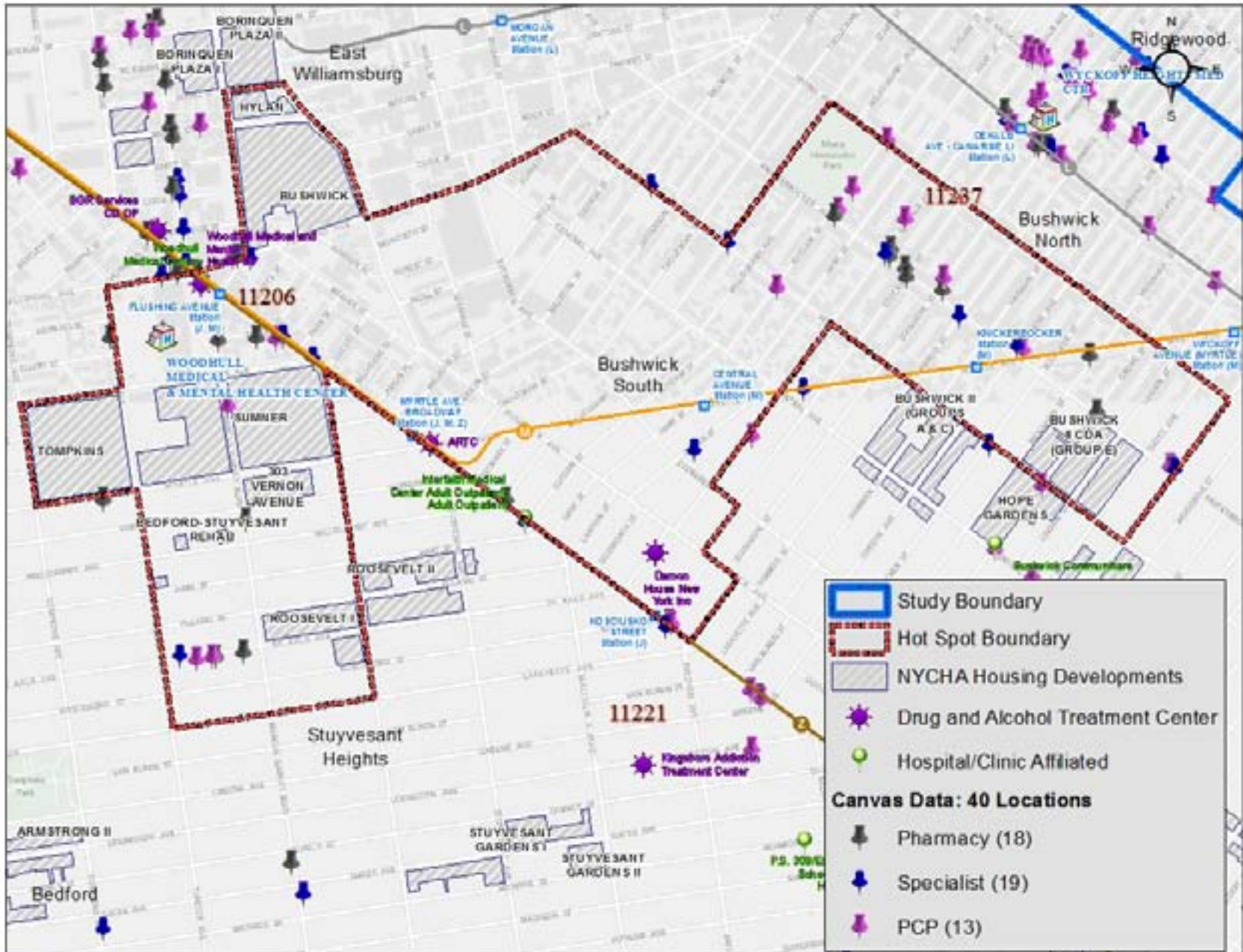


HotSpot #3

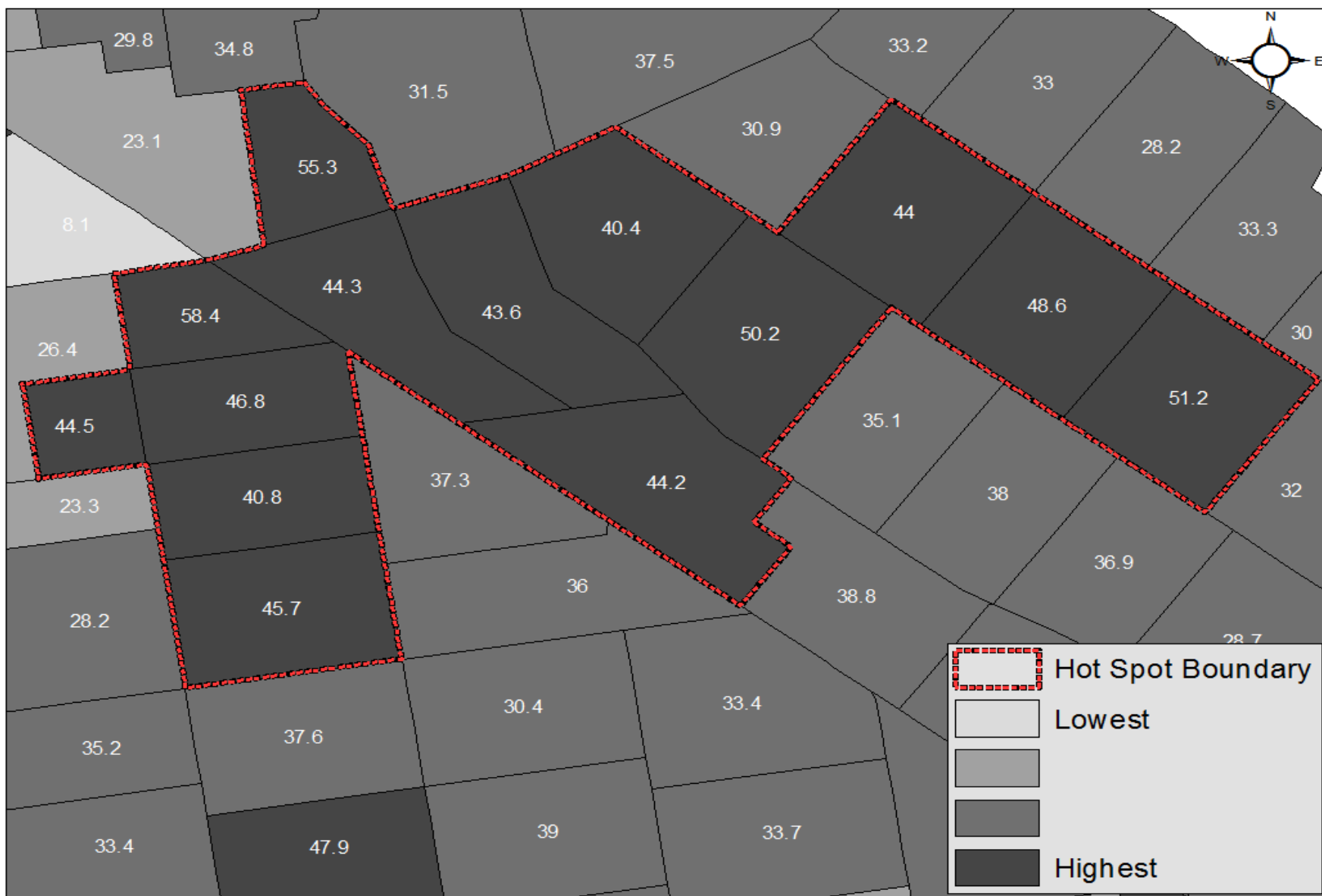
Top 20 Primary Diagnoses - ACS Discharges 2007 -2009

PriDx	Description	3 Year Count	% of Total ASC D/C's
49392	ASTHMA NOS W (AC) EXAC	660	11.9%
486	PNEUMONIA, ORGANISM NOS	499	9.0%
4280	CHF NOS	364	6.6%
5589	GASTROENTERITIS	338	6.1%
6826	CELLULITIS OF LEG	283	5.1%
78039	CONVULSIONS NEC	237	4.3%
49322	CH OBST ASTH W (AC) EXAC	230	4.1%
27651	HYPOVOLEMIA/dehydration	182	3.3%
34590	EPILEP NOS W/O INTR EPIL	167	3.0%
25002	DMII WO CMP UNCNTRLD	164	3.0%
25080	DMII OTH NT ST UNCNTRLD	127	2.3%
49121	OBS CHR BRONC W(AC) EXAC	126	2.3%
49391	ASTHMA W STATUS ASTHMAT	120	2.2%
4019	HYPERTENSION NOS	115	2.1%
25013	DMI KETOACD UNCONTROL	101	1.8%
25082	DMII OTH NT ST UNCNTRLD	99	1.8%
59010	AC Py\YELONEPHRITIS	85	1.5%
4111	UNSTABLE ANGINA	84	1.5%
25012	DM	82	1.5%
42823	AC ON CHR SYST HRT FAIL	78	1.4%
Subtotal		4,141	74.0%
ACS D/C 2007 - 2009		5,553	

Hot Spot #3 – Bushwick / Stuy Heights



ACSC Discharges/1,000 – Hot Spot #3



HOT SPOT #3 DISCHARGES

Total Discharges for Hot Spot #3 Patients by New York City Hospitals

