

Application: Healthcare Care Access Program for Uninsurable New Yorkers

2022 Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity

Summary

Organization(s) Name(s) (organizations involved in initiative)

NYC Health + Hospitals

Organization(s) City and State

New York, NY

Web site addresses for organization or initiative

nyccare.nyc

<https://www.nychealthandhospitals.org/>

Tyson Award Initiative Details

Name/Title of Initiative

If selected as an award winner, this will be used in press material; Do not include name of the organization submitting award within title. (limit 250 characters, including spaces)

Making Healthcare a Human Right: Expanding Access to Healthcare to Undocumented New Yorkers

Executive Summary of Initiative

(2,500 character limit, including spaces; approximately 1 single-spaced page). Provide a short summary of the initiative's equity-related achievements and the importance of these achievements, including their specific impact to reduce healthcare disparities, improve health equity, and improve health care outcomes.

Please note – if your submission is selected, this excerpt might be used in publications. This section should be written similar to a journal abstract with a few sentences addressing key concepts related to the project such as:

- Describe the problem identified;
- Explain the improvement need/performance gap identified; Describe the intervention/solution implementation; Quantify the improvement, and
- Describe how the improvement was sustained.
- If the intervention/solution was replicated after the initial project (e.g., in other locations, for other performance gaps identified), please explain.

Structural racism produces and maintains health inequities between race/ethnic groups, partly through law and policy. For example, Federal and New York State law excludes undocumented immigrants, whether recent arrivals or long-time residents, from access to health insurance.

NYC Health + Hospitals is the largest public healthcare system in the United States and provides primary, secondary, and tertiary care to New Yorkers regardless of ability to pay or immigration status. However, the lack of clear primary care homes, integrated information technology systems, care coordination, and dedicated customer service created an unequal healthcare experience for undocumented and uninsured New Yorkers.

Systematic exclusion from health insurers led to suboptimal healthcare access and quality. As a result, few undocumented Americans report a regular source of care, and their chronic diseases go undiagnosed and uncontrolled. They are also less likely to use preventive services.

In 2019, New York City (NYC) launched NYC Care, a citywide health care access program for New Yorkers who

are ineligible for or cannot afford health insurance, namely undocumented immigrants. Through NYC Health + Hospitals' 11 hospitals and 56 clinics, NYC Care provides access to low or no-cost primary and specialty care, prescription medicines, a membership card, and a 24-hour customer service line to all NYC Care members. The program also leverages a system-wide integrated electronic medical record system, e-referral system, and telehealth platforms to improve healthcare for NYC Care members.

As of February 2022, NYC Care has over 108,000 members, and members have completed 264,976 primary care visits and 227,481 specialty visits. 50% of NYC Care members were new to NYC Health + Hospitals. After six months of enrollment in the program, 51% of enrollees with diabetes had improved hemoglobin a1c, and 68% of enrollees with hypertension had improved blood pressure. In 2021, 75% of NYC Care members had seen a primary care provider (PCP) once, 50% had seen a PCP twice or more.

Partnerships with trusted community-based organizations to educate the public and facilitate enrollment has been crucial for sustained enrollment and engagement. Additionally, New York City made a \$100 million annual commitment to support the program.

Describe the healthcare disparity that was the target for the improvement initiative and the importance of this target for the population your organization serves.

Articulate the health equity problem/opportunity addressed and its importance. (2,500 character limit, including spaces; approximately 1 single spaced page)

One of the most potent determinants of access to healthcare in the United States is immigration status. Undocumented Americans are legally excluded from access to health insurance by federal and most state laws. The result is that undocumented Americans in New York City are twice as likely as documented New Yorkers to be uninsured, whether they have lived in New York City for three days or three decades.

Although Black/African American and Latinx New Yorkers have a higher prevalence of diabetes and hypertension, they are more likely to be undocumented and, therefore, more likely to be systematically excluded from the healthcare that would extend their life. A patchwork of safety net healthcare institutions serves uninsured New Yorkers; however, there are barriers to equitable health outcomes compared to insured New Yorkers: lack of primary care homes, integrated information technology systems, care coordination, dedicated customer service, and public awareness.

Addressing these barriers is crucial to achieving health equity in healthcare for undocumented New Yorkers. Health equity in healthcare access leads to equity in wellness and longevity.

Describe how the healthcare disparity was identified at your organization and your baseline measurement of the disparity.

Be sure to provide baseline data demonstrating the healthcare disparity in the targeted population. (1,250 character limit, including spaces; approximately 1/2 single spaced page)

NYC H+H (NYC H+H) is the public healthcare system for New York City and includes 11 hospitals and 56 clinics across the city. NYC H+H is the largest municipal healthcare system in the nation and serves over 800,000 patients per year, 80% of whom are uninsured or enrolled in Medicaid. NYC H+H has always been committed to the "health and well-being of all New Yorkers," regardless of ability to pay or immigration status.

As a result of NYC H+H's public mission, NYC H+H treats health inequities among New Yorkers as a responsibility. According to the NYC Mayor's Office of Immigration Affairs (MOIA), New York City was home to approximately 476,000 undocumented immigrants in 2019 (the most recent data available). In the same year, only 54% of undocumented New Yorkers had insurance coverage, compared to 93% of all New Yorkers. Evidence from other states shows that as a result undocumented Americans are less likely to have a usual source of care outside of the emergency room and more likely to delay primary and preventive care. Internally, NYC H+H emergency room physicians frequently saw uninsured New Yorkers for ambulatory care-sensitive medical conditions.

Explain what factors you identified as the causes of the disparity and possible targets for your intervention to reduce the disparity.

Specifically, describe the analysis of the causes of the disparity within the healthcare organization or in the community that you identified through literature review or, optimally, through an analysis of your healthcare organization data or data about the community you serve (e.g., access to care, communication barriers, unequal diagnostic testing or treatment, social determinants of health, implicit/subconscious bias, and/or institutional/structural racism) (2,500 character limit, including spaces; approximately 1 single spaced page)

At least since the passing of the Affordable Care Act, immigrant advocates and progressive politicians have lobbied for the inclusion of undocumented immigrants in health insurance markets and state benefits. In place of federal or state action, advocates and experts developed and piloted opportunities for local action to ameliorate inequities in access to care. Action Health NYC, for example, demonstrated that undocumented New Yorkers would use primary care and preventive services if first primary care appointments were facilitated at enrollment, fee scales were affordable, and community-based organizations were employed as trusted messengers. In all, Action Health had 1300 participants and the success of the healthcare access program encouraged a possible expansion.

In San Francisco and Los Angeles, public healthcare systems had pioneered healthcare access programs serving the uninsured, Healthy San Francisco and My Health LA, respectively. Through different funding and programmatic structures, the programs connected participants to primary care homes, coordinated care across clinics, and created a single healthcare access program from a patchwork of safety net clinics and hospitals. In addition, all three programs included public awareness campaigns to invite undocumented into primary and preventive care.

NYC H+H' mission to serve all New Yorkers and existing citywide infrastructure made it an ideal centerpiece to host a healthcare access program for New Yorkers excluded from health insurance. Moreover, the rising voices of advocates dovetailed with a system-wide transformation to prioritize primary and preventative care, integrate information technology systems and coordinate ambulatory care across the enterprise using e-referrals.

Describe team and stakeholder engagement throughout the initiative.

(1,250 character limit, including spaces; approximately 1/2 single spaced page)

For fear of deportation or being a "public charge," undocumented New Yorkers often fear seeking services, especially from the government. Therefore, community-based organizations (CBOs) were, from the start, crucial as advocates and trusted-messengers. At each launch, we partnered with CBOs in the borough that served immigrant New Yorkers. In 2022, NYC Care partnered with 22 community-based organizations across the city. CBOs's conducted in-person, telephonic, and online outreach. They also guide patients through the enrollment process as needed. CBO staff speak over 30 languages.. In all, our CBO partners have reached over 300,000 people and made over 10,000 appointments for enrollment in NYC Care.

The relationship with CBOs serving immigrant New Yorkers also leads to regular feedback. NYC H+H can then be responsive to program participants and make operational improvements. For example, an alternate enrollment pathway was created so that health insurance application counselors at CBOs could enroll patients into NYC Care directly. NYC Care staff also meets with CBOs monthly one on one and as a group to discuss challenges, lessons learned, and review topics of interest (e.g. COVID-19 vaccines, telehealth, behavioral health).

Describe the intervention/solution and its implementation.

(2,500 character limit, including spaces; approximately 1 single-spaced page)

Specifically, describe details of the interventions/solutions implemented (e.g., improvement methodology and tools used, strategy adjustments, evidence-based best practices employed, change management strategy).

The task force consulted with patient experience and communications experts in addition to healthcare experts to design a healthcare access program named NYC Care. NYC Care would be an insurance-like program that invited New Yorkers excluded from health insurance due to immigration status or ability to pay into primary and preventive care at NYC H+H.

As a part of NYC Care, members would receive a membership card with their name on it, the name of their primary care provider, and the fees they can expect to pay based on their income and household size (Exhibit 1). A 24-hour customer service line would assist with enrollment, appointments, medication refills, and patient navigation in over 200 languages (via telephonic interpretation). Members that were new to NYC H+H would be offered a primary care appointment within two weeks. New members would be encouraged to choose a primary care provider that would appear on their card and would coordinate their care moving forward. The program would launch in stages, starting in The Bronx in August 2019, and be citywide by September 2020 (Exhibit 2).

Pharmacy hours at each healthcare location were expanded to include clinical hours, and private 24-hour pharmacies were contracted to provide after-hours pharmacy services in the case of an emergency. To expand primary care access, physicians were offered additional shifts, and recruitment firms were contracted to fill new permanent positions.

Recognizing the complexity of health insurance eligibility and enrollment, enrolling in NYC Care would require a health insurance application to confirm ineligibility for health insurance. Community-based organizations serving immigrant New Yorkers would be funded in each borough to educate the community, facilitate enrollment, and serve as trusted messengers for the program. A multi-lingual, citywide public awareness campaign would ensure broad public knowledge of the program.

Describe measurable improvement(s) in the targeted disparity.

This section should be supported with data in this section and in the supplemental upload document; meant to illustrate improvements in processes of care, health outcomes, and/or experience of care; i.e., results tables, statistical tests, run charts, and other quantitative methods. (2,500 character limit, including spaces; approximately 1 single spaced page)

Accepting all New Yorkers as our population, NYC Care was designed to invite undocumented New Yorkers and others excluded from health insurance to receive primary and preventive care. Of the estimated 476,000 undocumented New Yorkers, 218,960 were estimated to be uninsured in 2019. In addition, based on estimates from other states, over half of undocumented Latinx immigrants did not have a usual source of care outside the emergency room.

The first measurable improvement to reduce health inequities was connecting people to primary and preventive care for the first time. The program attracted tens of thousands of members in its first year and, by the summer of 2021, had reached over 80,000 active members. By the fall of 2021, over 100,000 active members were enrolled in NYC Care (Exhibit 2). Historical electronic medical record data showed that 50% of members were new to NYC H+H. Members were also taking advantage of services. In 2021, 75% of members saw their primary care provider at least once, and 50% saw them twice or more. By March 2022, NYC Care members had completed 204,984 primary care visits and 406,704 specialty visits, including over 75,000 telehealth visits (Exhibit 3). More than 90,000 members had a U.S. Preventive Services Task Force (USPSTF) recommended cancer screening.

NYC Care strove to deliver equity in healthcare access and health outcomes. Initial data showed that hypertension and diabetes control was comparable between NYC Care members and the general NYC H+H population. Moreover, subgroup analyses demonstrated that after six months in NYC Care, 53% of members with diabetes and 40% of members with hypertension experienced an improvement in their hemoglobin a1c and blood pressure measurement, respectively.

Describe whether the improvements seen were sustained and any processes put in place to monitor and ensure that the improvement will be sustained in the future.

(2,500 character limit, including spaces; approximately 1 single spaced page)

The number of active NYC Care members surpassed 100,000 in the fall of 2021 and as of July 2022 active membership is above 110,000. What's more, the fraction of members who are new to NYC H+H has consistently been 50%. The chronic disease control and improvement metrics have also remained stable over time.

A small administrative team were hired to maintain program operations, communicate program services and benefits with the public, and pursue key performance indicators—like those discussed above.

The NYC Care program is supported by a commitment of \$100 million annually from New York City. The funding goes to support administrative staff, healthcare providers and staff, community based outreach, and a continuous multi-lingual public awareness campaign (Exhibit 4).

The NYC Care program is aligned with the mission of NYC H+H to enable all New Yorkers to live their healthiest lives. NYC Care is therefore integrated into all levels of the organization. As the enterprise continues to transform and improve NYC Care members are included as a population of concern. For example, NYC Care members are included in value-based care planning, although currently, there is no value-based payment tied to their care. Similarly, population health dashboards filter by NYC Care membership so that health care utilization and health outcome monitoring are convenient (Exhibit 3).

If applicable, describe how the interventions/solutions were replicated (disseminated) to other parts of the organization or other care sites.

(1,250 characters, including spaces; approximately 1/2 single spaced page)

The program was launched borough by borough and townhalls were done at facilities at each launch to present the program to leadership and answer questions. After launch, NYC Care team members continued to attend staff meetings and townhalls to share the program with staff and answer questions from those serving patients directly.

The program also served as a way to centralize processes previously handled idiosyncratically by 11 hospitals and 56 local clinics. With each launch, therefore, processes that were standardized centrally were expanded to include more of the system. The growing central corps of contact center agents and financial counselors are the best example. As NYC Care expanded to include more counties, more facilities' customer service, health insurance screening, and fee scaling was done centrally. This implementation strategy ensured the program's sustainability and fidelity to the designed patient experience.

Lastly, the NYC Care program has greatly interested other municipalities with a desire to improve healthcare access and services for their immigrant constituents. As a result, NYC Care leadership has met with municipalities nationwide to share the program's challenges, successes, and lessons.

Describe innovative aspects of the work, including principles that are applicable to other disparities and/or any lessons learned that may be beneficial to other organizations.

(1,250 character limit, including spaces; approximately 1/2 single spaced page)

Health equity was and remained the critical principle around which the program was designed and continues to be implemented. Application of the health equity principle starts with acknowledging that treating everyone equally is unjust when the world has not treated everyone equally. Internalizing, for example, that undocumented New Yorkers were systematically excluded from health insurance meant to do justice and work toward health equity NYC H+H would have to act differently toward them.

Therefore, NYC H+H accepted extraordinary responsibilities to create a dedicated, welcoming patient care experience that overcame barriers to providing care and attention on par with the care received by insured New Yorkers. Motivated municipalities could achieve many of NYC Care's critical successes by centralizing and designing the patient experience for the uninsured, integrating health information systems to monitor population health metrics and coordinate care across facilities, and partnering with communities to educate the public about

safety net resources. Though not ordinary initiatives for municipalities, making these changes is crucial to improving the care experience (or lack thereof) for Americans excluded from health insurance.

Supplemental Documentation

Upload Supplemental Document, exclusively containing Figures and/or Tables that illustrate baseline, improvement, and sustained results. Limit seven (7) pages total; content in excess of 7 pages will not be considered in evaluation. Combine all supplemental documentation within 1 PDF document.

Exhibit 1. NYC Care Membership Card

NYC CARE Your Key to the City's Health Care

NYC HEALTH+ HOSPITALS

Number: _____

Effective Through: _____

Member: _____

Primary Care Provider: _____

NYC Care Contact Center

nyccare.nyc

NYC CARE Your Key to the City's Health Care

NYC HEALTH+ HOSPITALS

NYC Care provides you with affordable access to the healthcare you need. We want you to get healthy and stay healthy. Use this member card to get care at NYC Health + Hospitals locations. Services are available in all languages. This card does not guarantee you care with any other medical providers or provide benefits outside New York City.

Copay/Fee	
Primary Care Visits.....	\$ XX
Specialty Visits	\$ XX
Emergency Care	\$ XX
Pharmacy	\$ XX

For questions about NYC Care, medication refills, and to make an appointment please call the NYC Care Contact Center: 1-646-NYC-CARE

IF YOU HAVE A MEDICAL EMERGENCY, CALL **911**

These copays only apply to care you get at NYC Health + Hospitals facilities.

MEMBERSHIP NUMBER

EFFECTIVE DATE

YOUR NAME

PRIMARY CARE PROVIDER'S NAME

MEMBER FEES

Exhibit 2. NYC Care Milestones



Exhibit 3. Population Health Explorer – NYC Care



POPULATION HEALTH



Pop Health Explorer (Year ending March 2022)

Click on any of the visualizations to filter

Interested in historical data? [Click here!](#)

Home [Help page](#)

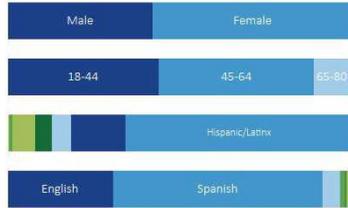
Note: This dashboard excludes patients who have only had Covid test or Covid vaccination visits in the past 18 months. Visit the 'About the Data' page by clicking the 'Help page' button at right for more info.

98,478
NYC H+H Adult Patients*

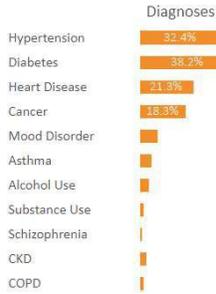
72,446 ED Visits 12,218 Inpatient Visits
204,984 PC Visits 406,704 Specialty Visits

2.5% of these patients are high risk

Demographics



Social Determinants of Health



Primary Payer Type



Attributed Facility: [All]

Risk Category: [All]

Chronic Comorbidity Index: [All]

PC Visit(s) in Last Year: [All]

Patient's Borough: [All]

NYC Care:

Yes

Clear all filters by clicking **Revert**. Check top or bottom of your screen.

***Filters applied:**
 Attributed Facility: NYC H+H
 Risk Category: All
 Chronic Comorbidity Index: All
 PC Visit(s) in Last Year: All
 Patient's Borough: All
 Payer Name: All
 NYC Care: Yes

Clickable filters

Contact info:
 PopHealthDashboard@nychhc.org

Exhibit 4. Multi-lingual public awareness campaign

