

Shaping New York's Health Care:
Information, Philanthropy, Policy

Blueprint

IN THIS ISSUE

A WORD WITH JIM TALLON

Genuine financial crisis presents no good choices, but can set the stage for broad policy change—if the will is there.
PAGE 3

GRANTMAKING

A new kind of “rounds” helps hospital staff deal with the stresses of patient care.
PAGE 4

RECENT GRANTS

The Fund awards \$615,000 for thirteen projects.
INSERT

AGING IN PLACE

Evidence-based practice in NORCs is making measurable differences in seniors' lives.
PAGE 5

QUALITY IMPROVEMENT

Inappropriate antibiotic use is a new target of the *C. diff* Collaborative.
PAGE 5



LEADERSHIP HONORED

The Fund's annual Gala recognizes outstanding health care leadership.
PAGE 6

FAMILY CAREGIVING

A new design group focuses on better transitions in care.
PAGE 7

ON THE CALENDAR

OFF THE PRESS
ON THE WEB
PAGE 8

Simplifying the Complex to Cover the Uninsured

New York stands as a national leader in moving to universal coverage and health care reform, embracing the concept of truly accessible public health insurance programs. More than 4.4 million New Yorkers now benefit from public programs as a result of major policy and procedural changes implemented in the state over the past decade. But 1 million others—40 percent of the state's 2.4 million uninsured—remain uninsured although currently eligible for public programs.

For decades, the United Hospital Fund has documented the problem of under-enrollment—the growing presence of the “eligible but uninsured”—and has worked to address it. Covering eligible people is no less critical now that national health care reform looks imminent, with changes sure to ripple through states' public programs. It's essential, in fact, to translating reform legislation into real coverage “on the ground.”

“Providing coverage and services for the eligible but uninsured has to be part of any discussion of universal coverage,” says Jim Tallon, Fund president. “We can expand eligibility criteria, but if there are still major barriers to applying for and keeping coverage—barriers disproportionately affecting lower-income and immigrant New Yorkers—then we won't have genuine access.”

Whatever happens at the national level, covering the eligible but uninsured and ensuring that those who *do* have public coverage keep it for as long as they remain eligible are high priorities for New York. And simplifying the mechanics of public program administration—through improved application and renewal forms, new uses of technology, and addressing cultural issues—is an important tool for grappling with both of those problems. Simplification isn't simple, though, so several



The Fund's work to simplify applications for public coverage is an important step toward covering the “eligible but uninsured.”

recent Fund grants are bringing together experts and stakeholders from throughout the health care and policy community in innovative efforts to make meaningful change.

PARING THE PAPERWORK

One significant advance that New York has enacted is the elimination, as of April 2010, of the required face-to-face interview for public insurance coverage. It's a formidable obstacle for low-income workers, who often cannot get paid time off, and it's not an efficient or cost-effective way to screen out ineligible applicants. But allowing potential beneficiaries to complete necessary paperwork on their own requires simpler forms. To address this need, the

Simplifying the Complex

continued from page 1

Fund is providing grant support, along with The New York Community Trust, to a project evaluating current forms and making recommendations on their redesign.

Enrollment is only part of the battle, however. Although there has been a dramatic improvement in Medicaid renewal rates, 30 percent of eligible beneficiaries lose coverage within a year because of problems negotiating the renewal process. One Fund-sponsored effort to minimize bureaucratic barriers to enrollment and renewal looked at ways state agencies could share data electronically to verify eligibility. Another, a joint initiative of the Empire Justice Center, Legal Aid Society, and other consumer and legal advocacy groups, with the active participation of the New York State Department of Health and United Hospital Fund, is working to improve communication with beneficiaries by rewriting bewildering renewal notices.

TARGETING OUTREACH


Fund grants targeting specific populations are another vital tool for extending coverage. New York's incredible diversity in itself creates obstacles to coverage. Language barriers and concerns about immigration status keep many of those eligible for public insurance from applying for it. For others, a virtual "disconnect" between service delivery—often through public facilities—and paying for those services blurs the need for or availability of insurance. In one project supported by the Fund, the New York Immigration Coalition is surveying several New York City immigrant groups on their attitudes toward health insurance, to help develop specific approaches to increasing enrollment.

Another Fund-sponsored project, through a grant to the National Center for Law and Economic Justice, focuses on a different underinsured population, adults without children. According to Fund data, among New Yorkers aged 19 through 64 who are eligible but uninsured, 70 percent are childless, more than half are younger than 35, and most have

good or excellent health. These childless adults are difficult to reach, in part because so many think they don't need health insurance, and have no idea they might be eligible for public coverage. But insuring them is also complicated because their incomes tend to fluctuate, making their eligibility under current rules more intermittent. This initiative is identifying strategies and policy changes that would improve enrollment rates for childless adults, including, for example, an administrative change called "continuous enrollment," which would allow a year of continuous coverage even through variations in income.

LOOKING TO WASHINGTON

Regardless of their intentions, states can only make as much headway as federal rules allow. To make further progress, New York needs a strong and willing federal partner. A recent grant by the Fund enabled national experts at Georgetown University's Center for Children and Families to explore a menu of federal reform options that New York could pursue to increase participation of eligible children and adults. Among the resulting options are further modifications of documentation and other eligibility factors; improved data systems; and no longer requiring annual renewal for young children.

Several of the Fund's own analyses from the last decade—including recent reports on the state's eligible but uninsured, and on covering the state's noncitizens—have helped frame debate about how to improve public coverage. Like those analyses and the Fund's other work in this area, the Georgetown report highlights the importance of a focus on enrollment. "Regardless of the role public insurance will or will not play in reform, there has to be some assistance with enrollment—that underlies the idea of an insurance 'exchange,'" says Mr. Tallon. "The Fund tackles issues so central to health care that they're not solvable in a year or two. But one of the major things we have accomplished over the years, by gathering essential information and providing the leadership needed to bring the health care community together, has been introducing that understanding to the debate." 

Blueprint

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The United Hospital Fund is a health services research and philanthropic organization whose mission is to shape positive change in health care for the people of New York.

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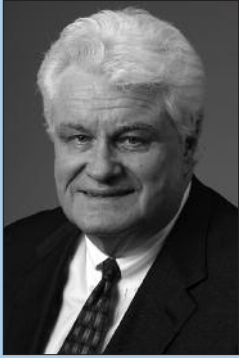
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Crisis, Opportunity, A Bit of Both



The “crisis-opportunity continuum” has received so much attention that it has become cliché, so much so that we may fail to recognize both situations staring us in the face.

But confirmed reports by New York State officials of a \$3-billion-plus revenue shortfall have the ring—and gloom—of genuine crisis. Now, more than sixteen months after the Governor’s initial television address, and despite approved spending reductions and freezes, new tax brackets and fees, and a healthy dose of federal stimulus money, the bottom continues to fall out. New York faces more cycles of budget distress, as fiscal improvement awaits a still-tentative national economic recovery. We’re poised on the lip of a vortex whose exit could be located in downtown Sacramento. “Crisis” is often spoken, rarely seen, but this is the real thing, measured both by severity and by likely duration.

SYMBOLISM AND POTENTIAL

It’s hard to find a focus on opportunity amid the daily negative media chatter. But barring fundamental political collapse it still seems likely that the President will sign legislation, late this year or early next, exceeding a “glass half full” response to the challenge that has eluded generations of American leaders. In the end, the political symbols—some version or not of a public insurance plan—will matter less than the creation of new mechanisms and subsidies to increase coverage, and a radical simplification and expansion of Medicaid for lower-income people.

Even the service delivery improvements that dominated the early “bending the curve” portion of the debate, while overtaken by insurance issues, may gain renewed emphasis through payment reform and care coordination policies. Having rejected ideologies of the left and right, and adding new investment over ten years, we will have set the stage for substantial improvement in our uniquely American system. Viewed especially from where policy stood five years ago, the potential result measures up to a real opportunity.

SHORT TERM, LONGER TERM

Genuine financial crisis presents no good choices, especially in the short term. Experience demonstrates, however, that it often sets the stage for broader policy change. New York’s financial crisis of the 1970s led directly to more than a decade of comprehensive hospital rate regulation. The sharp downturn of 1990-91 directed New York toward Medicaid managed care. Other examples exist as well. How will crisis and opportunity intersect in New York’s health care world in the years ahead?

Remarkable consensus exists in the health policy community on the keys to balancing the conflicting forces of access, cost control, and quality. Increased investment in primary care, better coordination of the myriad interventions for acute and chronic illness, revamped payment systems, more comprehensive and ongoing quality assessment, and improved information technology are all elements of a better-performing system, with the potential for generating future savings. How, though, do we take these steps in a real world of fiscal crisis?

To start, we need combined public-private leadership capable of assessing the impact of federal reform and identifying

transition milestones, community by community. While state government will continue to play an important role, genuine leadership must include service delivery and financing entities throughout our regional health care markets—an all-payer discussion with more grassroots provider participation than in the past.

Next, given the extraordinary distortions of public perception molded in this national debate, credible engagement of broadly based consumer constituencies is essential, to ensure their understanding of not only the forces that affect health and wellness but also how insurance works, how trade-offs exist in quality and convenience—indeed, how beneficial change could occur.

BUILDING SUCCESS

We also need to identify and build on examples of success. Debate often focuses on shortfalls. But across the state we have numerous examples of emerging medical homes, of potential accountable care organizations, of health information networks, and of broadly based community collaborative arrangements. A catalogue of New York initiatives could serve as a catalyst for more rapid adoption of innovative change.

Finally, we simply have to keep score. We have myriad data streams but their very complexity and conflicting origins and purposes obscure a meaningful understanding of reform’s big picture. Budget crises will be measured in short-term cycles. But quantifying the translation of federal reforms into next-generation performance is essential.

This agenda requires further detail. And it requires a will to look beyond the turmoil of immediate budget crisis to define longer-term opportunity. The former is a given. The latter is a choice.

GRANTMAKING

Helping Hospital Staff Cope with Stresses of Care

Hospital care is hard work—demanding but rewarding. Caring for seriously ill patients, many of whom will soon die, is especially challenging to doctors, nurses, social workers—indeed all staff who connect with patients and their families. In such stressful environments, caregivers can burn out, grow distant, or become self-protective—understandable reactions that can lead to worse care.

Now, a United Hospital Fund grant to the Kenneth B. Schwartz Center is helping clinicians and other hospital staff become and remain better caregivers through a program called the Schwartz Center Rounds®, a forum in which clinicians can discuss the *non-clinical* aspects of care, and grapple with the emotional difficulties of helping people who are themselves coping with illness and its effects.

The Fund's recent \$50,000 grant is helping eight metropolitan New York hospitals—Maimonides Medical Center, Montefiore Medical Center, Mount Sinai Hospital, NewYork-Presbyterian Hospital (both the Columbia campus and the Weill Cornell campus), North Shore-Long Island Jewish Medical Center, Saint Vincent's Hospital, and VA New York Harbor Health—launch or extend the Rounds.

“HEAL THYSELF”

The Schwartz Center Rounds were created in 1995 by the Kenneth B. Schwartz Center, a nonprofit organization based in Boston that helps clinicians communicate with and relate to patients and their families. The Rounds, which are

held in some 182 facilities across the nation, take their name and structure from a traditional feature of medical education—clinical rounds, or grand rounds. But the Rounds are not just a class; they are less about *teaching* compassion than about giving practitioners a dedicated

time and place to *express* the compassion that brought them to health care in the first place, while they also share effective strategies for maintaining that compassion despite often trying circumstances. As one participant put it, “Rounds underscore the reason we are all doing this work, which is to help people in their healing and to be humane.”

Although the Rounds follow a consistent format—a facilitator-led discussion triggered by a case presentation (recent topics have included delivering bad news and the death of children), participants welcome the freedom to talk openly about the stresses of hard experiences and decisions. At NewYork-Presbyterian, for example, the turnout has never been fewer than 120 attendees, from many different groups within the hospital. Pastoral care workers, rehabilitation staff, pharmacists, and even hospital security have joined physicians and nurses for the Rounds.

“It turns out that people from all parts of the hospital community needed this opportunity to talk about how they feel about really, really difficult situations,” says Penny Dollard, LCSW, the Rounds facilitator at NewYork-Presbyterian. The Rounds have led to a useful cultural shift at the hospital, she adds. “There’s so



The Rounds “foster the sense that we’re all in this together,” says Dr. Alan Astrow, of Maimonides Medical Center. Above, a recent session there.

much more appreciation of how the different disciplines work together as a team.”

Having a facilitated forum in which to discuss emotionally difficult aspects of the job can lead to better communication and teamwork, and more respect for colleagues. And improving communication—among caregivers, and between caregivers and patients—in turn improves patient care.

FOSTERING COMMUNITY

That’s beneficial for hospitals as a whole as well as for patients and practitioners. Alan Astrow, MD, the Rounds physician leader at Maimonides, summed it up: “If you don’t have every person doing their job with a high level of dedication, patients will get hurt. The Rounds are a way to foster the sense that we’re all in this together.”

Feedback from participating hospitals has been very positive. More than 80 percent of those attending the New York sessions evaluated the Rounds as “exceptional” or “excellent.” And an independent nationwide evaluation showed that hospitals that have been hosting the Rounds for several years have made specific changes in practices and policies to reflect more compassionate attention to patients and caregivers alike.

Indicators Show Positive Change in Seniors' Health

As the Fund's Health Indicators in NORC Programs initiative enters its third year, the thirty-three New York City-funded NORC programs that are using new standards of practice developed by the project are making measurable differences in the lives of seniors affected by three common health issues—diabetes, heart disease, and falls—that an earlier survey of the seniors found.

“By helping programs in naturally occurring retirement communities adopt evidence-based practices that systematically address their communities' health risks and prevalent chronic conditions—instead of responding to acute care needs, episode by episode—the Health Indicators

initiative is helping improve the well-being of older adults across the city,” says Fredda Vladeck, director of the Fund's Aging in Place Initiative. The Fund's work with the NORC programs is being carried out with support from New York City's Department for the Aging.

Progress toward quality improvement goals can be marked by changes in simple “yes,” “no,” or “don't know” answers on issues like knowing and managing relevant clinical measures, and medication management. For programs focusing on heart disease, for example, the proportion of clients for whom programs documented up-to-date medication lists increased from 53 percent in December 2008 to 72 percent in July 2009; “don't know” answers decreased from 37 percent to 23 percent.

“The initiative has helped our nurses and social service partners to look more proactively at health needs and focus more on reducing risk factors,” says Rhonda



Documenting current medications is an important part of managing seniors' health.

Soberman, LCSW, manager of program development in the congregate care program of the Visiting Nurse Service of New York, the Fund's technical partner in the project. “By focusing on specific priorities, goals, and practice guidelines—and the tools to measure the impact of their work—they are seeing that these evidence-based practices can help make even small changes that add up to improved quality of life.”

Initiative Aims at Overuse of Antibiotics

It's a well known fact that, up to 50 percent of the time, antibiotics are used inappropriately. Whether a drug is prescribed for a non-bacterial condition, or for longer than necessary, or is the wrong strength or type to treat a specific bacterial condition, the ramifications can be serious, leading to higher health care costs and increases in morbidity and mortality.

The implications are apparent in the spread of one increasingly common infection, the target of a multi-hospital quality improvement project co-led by the Fund and the Greater New York Hospital Association

(GNYHA)—the *C. difficile* Collaborative. While prevention—through, for example, modified cleaning practices and stricter precautions for physical contact with patients—has been the primary focus of this effort to reduce the incidence of *C. difficile* infection, hospitals now realize that new strategies—like improving how antibiotics are used and controlled—will be necessary.

“Our next step is better management of antibiotics,” explains Hillary Jalon, project director of the Fund's Quality Strategies Initiative. “Some antibiotics can actually prolong sickness associated with *C. difficile*, which could increase the potential for its spread.”

Inappropriate antibiotic use can even result in a *C. difficile* infection. “We all carry inconsequential amounts of the bacteria in our bodies, even when we are healthy,” explains Gina Shin, project

manager for quality and patient safety at GNYHA. “Some antibiotics can actually kill agents in our bodies that keep these bacteria in check, leading to full-blown infection.”

To address the problem, the Fund and GNYHA are piloting a program, funded by the New York State Department of Health, at three acute care hospitals and three long-term care facilities. Practices implemented and lessons learned will eventually guide a larger initiative for all forty-two Collaborative hospitals.

“Our partners are excited about this because we are all confident that the benefits will go well beyond reducing these specific infections,” says Ms. Jalon. “It's an important step in preventing new antibiotic-resistant strains of bacteria. Hospitals will simply be safer places for patients and staff alike.”

Gala Honors Outstanding Health Care Leadership



(From left) J. Barclay Collins II, Jim and Merryl Tisch, TIAA-CREF President and CEO Roger W. Ferguson, Jr., Lee Perlman, Jackie Harris Hochberg, and Jim Tallon.

A record crowd turned out for the Fund's annual gala, October 5, to honor the extraordinary leadership and contributions of James S. and Merryl H. Tisch, J. Ira Harris, and Lee H. Perlman.

"Each of our honorees has a unique story," Fund President Jim Tallon told more than 900 guests at the Waldorf-Astoria event. "What they have in common is having made profound improvements to New York's health care—and serving as standards against which future leaders will be measured."

James Tisch, the president and chief executive officer of Loews Corporation, and Merryl Tisch, the chancellor of the New York State Board of Regents, received the Fund's Health Care Leadership Award for their extensive involvement in both academic medicine and community-based efforts to ensure access to health care. Mr. Tisch has been a trustee of the Mount Sinai Medical Center for two decades, and is chairman of the Campaign for Mount Sinai. The Tisches were instrumental in establishing the Tisch Cancer Institute at Mount Sinai, and are committed to Mount Sinai's research on minority health and services for the East Harlem community. They are also active in their family's broad initiatives at NYU's Tisch Hospital and in other prominent organizations important in the lives of New Yorkers.

For Ira Harris, recipient of the Fund's Distinguished Community Service Award, personal experience was the motivating

factor in his establishment of the Harris Obesity Prevention Effort (HOPE) at NYU Langone Medical Center, a major initiative dedicated to preventing and treating childhood obesity. HOPE combines research on evidence-based solutions with programs for families and educators, teaching interventions proven to lower rates of obesity, and also helps provide medical treatment for morbidly obese teens. Accepting the award, which was underwritten by TIAA-CREF, was Jackie Harris Hochberg, a partner in her father's pioneering work as chairman of the board of HOPE.

The Fund paid special tribute to Lee Perlman for his unique role in the New York health care community. The president of GNYHA Ventures, Mr. Perlman is a national expert on hospital purchasing, as well as an effective advocate for hospitals. He was singled out, however, for his tireless personal efforts on behalf of health care causes and organizations across the metropolitan area, including the Fund, and for his role as a guide, problem-solver, mentor, and friend.

This year's event raised a record \$2 million to help further the Fund's efforts to shape positive change in health care for all New Yorkers.

UNDERWRITER, 2009 DISTINGUISHED COMMUNITY SERVICE AWARD TIAA-CREF

UNDERWRITERS

Andrew and Tanya Borrok; EmblemHealth, Inc.; Montefiore Medical Center; The Mount Sinai Medical Center; NewYork-Presbyterian Hospital; North Shore-Long Island Jewish Health System; NYU Langone Medical Center; Merryl and James Tisch

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1199SEIU United Healthcare Workers East; AmeriChoice, a UnitedHealth Group Company; Carroll, McNulty & Kull, LLC; Continuum Health Partners, Inc.; Empire BlueCross BlueShield; SEIU Healthcare

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Stepping Up Family and Provider Collaboration on Patient Care

The opportunities for partial or misinterpreted communication are everywhere in health care, and are particularly dangerous at times of transition—when patients are moved from one setting to another.

A telling example is the story of an 85-year-old woman who was going home after four weeks in a subacute rehabilitation facility. While the woman's husband checked on the ambulette's late arrival, the nurse in charge gave her prescriptions for her medications, reminding her that she was now taking a new pill for her heart and that she shouldn't take the old pills that were at home. Once home, she told her husband that the doctor had taken her off her heart pills. The new prescriptions were in her coat pocket, not to be found for four days, until she had gone back to the hospital with severe chest pain.

Working to prevent scenarios like that, Next Step in Care, a multi-year, multi-stage United Hospital Fund campaign, is helping

health care providers and family caregivers change transitions from abrupt admissions and discharges into smooth, coordinated processes. Nineteen guides and other materials in English and Spanish are on its website—www.nextstepincare.org—covering topics ranging from hospital admissions and discharges to medication management and assessing family caregivers' own capacities and needs.

Testing ways to integrate these materials into routine practice is the goal of Next Step in Care's Collaborative Design Group. Made up of fourteen hospitals, nursing home rehabilitation units, and home care agencies, organized into six partnerships, the group is co-chaired by David Cohen, MD, senior vice president for clinical integration and affiliations at Maimonides Medical Center in Brooklyn, and Audrey Weiner, DSW, president and CEO of Jewish Home Lifecare.

Over the past six months, the group



Involving families in moves from one care setting to another makes for safer, better-coordinated care.

has been analyzing their transition processes, interviewing family caregivers to find out what went well and what didn't, devising new ways to manage transitions, and evaluating the outcomes. Sharing their experiences with the Fund and each other through meetings, webinars, and frequent e-mails and phone calls, their work is helping Fund staff design materials and strategies to be used in a major eighteen-month extended collaborative of forty to fifty providers, to be launched early in 2010.

Fund Website Gets New Look and Features

The Fund's website, www.uhfnyc.org, has undergone a major upgrade to improve users' online experience through a host of new features. Among the key changes:

- Initiatives are now easier to find, in a right-hand-column menu that's available throughout virtually the entire site;
- Our search function is more precise, initially exploring only the most timely results



- for each request, while also allowing users to explore a new archive of older content;
- New portals offer presentations from

conferences and other important meetings, commentary by Fund staff and other health care leaders, and feature stories;

- A streamlined “subscribe” function makes it easier to specify the kinds of information users want to receive from the Fund;
- A more readable (and esthetically pleasing) design now includes resizable type.

Pre-launch testing elicited overwhelmingly positive responses from site visitors, along with suggestions for additional features. We urge you to visit the site for the latest Fund news, and to let us know how well it works for *you*.



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NOVEMBER 20
The 20th Annual Symposium on Health Care Services in New York: Research and Practice, addressing critical health care delivery issues and current research, practice, and policy advances.

CUNY Graduate School and University Center

DECEMBER 9
The Next Reform Agenda: New Visions for Service Delivery and Payment, a Fund conference examining rationale and strategies for

reform, as well as progress and challenges. CUNY Graduate School and University Center

MARCH 1
Deadline for the next round of the Fund's Health Care Improvement Grant proposals.

MARCH 19
The seventeenth annual Hospital Auxilian and Volunteer Achievement Awards tea and ceremony. The Waldorf-Astoria

OFF
THE
PRESS

The Big Picture: Private and Public Health Insurance Markets in New York offers an unprecedented portrait of New York's commercial, Medicaid, Medicare, and self-funded insurance markets, and an in-depth review of the

regulations and policies shaping health insurance in our state.

Improving Enrollment and Retention in Medicaid and CHIP explores a series of federal administrative and legislative changes that states can seek to

improve their current public health insurance programs and increase participation.

The Role of Local Government in Administering Medicaid in New York examines how multiple state agencies and fifty-eight

local governments share responsibility for administration of New York's Medicaid program.

These Fund reports are available online at www.uhfnyc.org.

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WWW.UHFNYC.ORG

Find the latest Fund news and publications, in-depth information on the Fund's research and programs, and more, on our redesigned, upgraded website. Newly posted: the Fund's *2009 Annual Report*—plus presentations from the Fund's October *roundtable on the simplification of public program enrollment and renewal*.

MAKE YOUR END-OF-YEAR DONATION NOW

...to the Fund's annual Campaign for a Healthier New York, and become a partner in our important work. Please use the enclosed envelope to send your contribution today, or go to www.uhfnyc.org to learn more and make a donation online.