

Changing patient needs
Persistent quality challenges
Escalating costs



New Directions

Patient-centered care
Improved quality
Controlled cost growth

United Hospital Fund
Annual Report 2011



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Shaping Positive Change in Health Care for the People of New York

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

We advance policies and support programs that promote high-quality, patient-centered health care services that are accessible to all.

We undertake research and policy analysis to improve the financing and delivery of care in hospitals, health centers, nursing homes, and other care settings.

We raise funds and give grants to examine emerging issues and stimulate innovative programs.

And we work collaboratively with civic, professional, and volunteer leaders to identify and realize opportunities for change.

From the Chairman

As New York grappled with health care reform and continuing economic stress over the past year, the Fund continued to build on our long history of achievement while solidly embracing the new opportunities and serious challenges ahead. “New Directions” is, appropriately, the theme of this annual report, and it is as much a map of where we are headed as where we have been.

We begin with a brief look at today’s health care climate and what’s on the horizon, and at how the Fund’s work is keeping step with—indeed, anticipating—the significant changes in progress. We then highlight both what’s at stake and what we are doing in our five specific program areas: expanding health insurance coverage, making New York’s Medicaid program work smarter, fostering sustainable improvements in quality of care and patient safety, supporting family caregivers and their role in the health care team, and connecting services to help seniors “age in place” in their home communities.

In each of those areas, the Fund’s unique leadership role is clear: we define problems and identify solutions through exacting, independent analysis; build partnerships and pathways to address the health care community’s common problems; help shape public policy to drive real change; give grants to support innovative model projects; and envision how the health care system can simply work better. We are, in short, helping *shape* this new climate, and the new directions it requires, not merely responding to it.



The Fund has also *literally* moved this year. After a decade and a half in the Empire State Building we have relocated our offices to an even more central address, on Broadway just south of Times Square. Some of our people have moved in new directions as well. Two of our directors, Paul Francis and Katherine Osborn Roberts, stepped down from our Board. We offer them our thanks for their dedicated and valued service. We and their colleagues on the Board will miss their contributions.

Special thanks go, also, to our talented staff. Under Jim Tallon’s thoughtful and effective leadership, their commitment to excellence—in analyzing the issues, formulating goals, detailing effective strategies, and sharing our vision and values—allows us to be a dynamic force for positive change.

Those efforts, of course, do not occur in isolation. Our extensive network of relationships—with health care, civic, business, and community leaders—allows us to disseminate, test, and continue to bring our initiatives to the next level, with the help of both strong working partnerships and the generous support of funders and donors. We are grateful to our directors for their strong support, sustained energies, and wise counsel. To all of you, we extend our heartfelt thanks, and our hope that you will continue to journey with us as we move ahead toward our mutual goal of a better-performing health care system.

J. Barclay Collins II

CHAIRMAN, UNITED HOSPITAL FUND

From the President

New directions. Innovation. Fundamental change.

At the United Hospital Fund, those imperatives resonate through our work every day, as we confront changing and complex health care needs and the increasing costs that accompany them. There's more urgency than ever to grapple effectively with those challenges. But there's also—as I see from the vantage point of nearly two decades at the Fund—more opportunity. This annual report provides a glimpse of how we are approaching both.

Anticipating, engaging with, and effectively responding to health care's most pressing issues has been at the heart of the Fund's work for 132 years. Whether bringing hospitals together to address common problems or creating effective approaches to the health challenges of emerging social issues, the Fund has been an agile and important force for improving our health care system.

Over the past decade, our work has evolved with the rapidly changing health care and political environment, with three priorities predominating:

- The critical need to find better ways to pay for health care, reflected in our focus on the private insurance market and our particular expertise on New York's essential Medicaid program;
- Achieving specific improvements in patient safety and the quality of care through collaborative efforts with hospitals across our region; and
- Redesigning the way care is delivered, with a focus on family caregivers, aging in place, and chronic care.

Those are all clearly evident in this past year's accomplishments, as this annual report highlights in the following pages.

Cost-Containment Imperative

Underlying each of these priorities is the urgent goal of containing costs, not through spending cuts alone but by redesigning the way services are organized and by developing essential payment incentives and public policies. The contentious national debate—over philosophy, economics, and health policy—continues. But whatever policies emerge, there must be coherence to them, and a balance between interventions to reduce cost growth and efforts to increase the ability of people to get high-quality care.

That is why, at the Fund, we're invested in understanding how all the parts of our system work, or don't—so we can help decision-makers in the public sector, and leaders in the business and health care communities, understand what the choices and new possibilities are. That is particularly evident in our work informing the development of New York's health benefits exchange, through which individuals and small businesses will be able to access more affordable insurance. And it's evident in the work of our Medicaid Institute to make New York's \$50 billion Medicaid program more cost-effective while better serving beneficiaries.

Now, we are adding yet another dimension to discussions about efficiency and cost. With rising costs principally driven by patients with severe chronic illness, often complicated by behavioral health issues, we are in the forefront of efforts to better coordinate care, and to put resources to work especially for those high-risk patients most likely to need intense services, before that need and its associated costs arise.



A Focus on Improvement

Expanding on that coordinated approach, we continue our initiatives to make family caregivers the integral part of the health care team that they, their ill family members, and health care providers need them to be—an issue that we helped bring to national attention. Along with giving family caregivers the training and support they need, we are working with health care professionals in hospitals, nursing homes, rehab centers, and home care agencies to dramatically expand their vision of families' roles—and make chronic care safer and more effective in the process.

Similarly, we have pioneered connections between neighborhood health care and community services, to help seniors manage their chronic illnesses while remaining in their own homes. Our “Health Indicators” make it possible for communities to assess their seniors' health status and to plan targeted, evidence-based strategies for meeting their needs. And our Web-based “NORC Blueprint” is a nationally recognized resource on creating innovative, community-based programs to do just that.

Our focus on safe and effective care, acute as well as chronic, continues to shape and disseminate advances in hospital performance, helping make New York a leader in the quality movement. The multi-hospital collaborations that we have cosponsored and supported with funding and technical expertise have yielded significant improvements in infection rates, anticipating and warding off medical crises, and perinatal care. And we are taking those advances to the next level by training a new generation of quality improvement leaders.

Change from Within

All these efforts reflect the broad-based recognition that fundamental change in the way health care is organized is the key to a smarter, more cost-effective health care system, and that the way we pay for care must be consistent with the goals of such a system. We also recognize that the growth of information technology that has kick-started the quality improvement movement underlies and enables all these efforts.

It will be difficult, moving from a system built around individual interactions between physician and patient to one that uses resources more efficiently, reduces cost growth, and, ultimately, offers better-coordinated, higher-quality care. But I am struck by the tremendous grass-roots energy—among providers, payers, and patients themselves—that is making real change for the better, every day.

As the Fund has done throughout our rich history, we continue to lead, support, and bring together those working to ensure New York health care's excellence—identifying innovations as they arise, helping disseminate them more broadly, and asking the essential tough questions about them.

It's a time of daunting challenges, and dazzling promise, and we at the Fund are in the forefront of the momentum that's building toward a more rational health care future. Your interest and support in our efforts and accomplishments are an important part of that, and we count on you to join us on the journey.

James R. Tallon, Jr.

PRESIDENT, UNITED HOSPITAL FUND

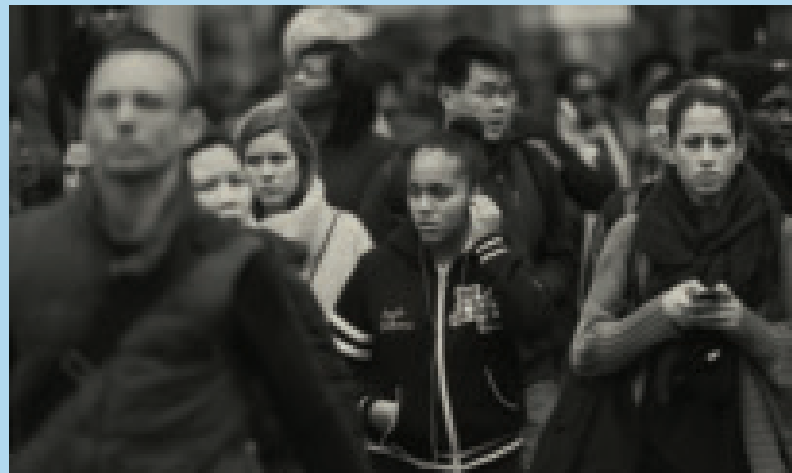
Expanding Insurance Coverage

What's at stake?

For far too many New Yorkers, the realities of health insurance are forcing hard choices between health care and other necessities. Over 2 million New Yorkers—more than a million of them in households with at least one full-time worker—lack coverage. Almost 800,000 of those uninsured are eligible for public coverage, and another half a million or more may qualify for premium subsidies under federal health care reform. And for New Yorkers *with* insurance, the promise and value of coverage has steadily eroded, with both premiums and cost-sharing soaring.

New directions

The United Hospital Fund is helping shape the complex public policies and implementation of far-reaching changes that the Affordable Care Act is bringing to the world of health insurance. With new rules and tight deadlines, the timely analysis and clear direction the Fund's work provides is more critical than ever for the success of New York's efforts to give more residents access to affordable, quality insurance coverage.



More than 2 million New Yorkers uninsured, and soaring costs and eroding benefits for many with coverage, mean hard choices between health care and other necessities, and hard times for New York's health care providers.

Building a User-Friendly Marketplace

Obtaining health insurance is a daunting task for individuals and small businesses, with no central place to compare coverage and complicated policies offered by multiple plans and to get unbiased advice. In three timely reports, Fund analysts have translated many of the complex issues in the new federal requirement to set up, by mid-2013, an insurance exchange—designed to make finding affordable coverage easier—and have outlined the significant opportunities, challenges, and policy decisions New York faces. These reports are informing State decision-making and helping build consensus on getting this new system right—so the human capital is organized, the technology works, and there’s someone responsive on the other end of the line to help link callers with the coverage they need, at a price they can afford.

Focusing on Local Trends and Needs

The cornerstone of our policy work—timely and impartial analysis of census data and insurance markets—has taken on greater importance with so many critical decisions looming about how to implement the Affordable Care Act. The third in our comprehensive *Big Picture* report series on the state of the private and public insurance markets in New York provided the latest information available on regional enrollment trends and health plan financial results. And this year’s health insurance chartbook drew on a new data source to show, for the first time, insurance rates among children


and the nonelderly in 14 regions statewide, and in 55 New York City neighborhoods—an important tool for targeting public policy to local conditions and needs.

Insuring High-Need New Yorkers

With \$85 million in “use it or lose it” federal funds available to New York for a special coverage plan for seriously chronically ill and uninsured individuals, the Fund helped the program get up and running by bringing stakeholders together, soon after the Affordable Care Act’s passage, and guiding their work on implementation issues. The Bridge Plan went into effect at the end of 2010, providing coverage for New Yorkers without insurance for at least six months because of pre-existing medical conditions.

Providing Expertise

At formal and informal gatherings throughout the year, Fund staff worked with state regulators and policymakers on a wide range of issues related to health care reform. The Fund has assisted both the Executive Branch and legislative committee members to formulate State insurance exchange legislation, and was a valuable resource for print and broadcast media, both in background briefings and cited commentary.



Fund work on implementing an insurance exchange will help make this new marketplace a user-friendly means of finding more affordable coverage.

Forging a Smarter Medicaid Program

What's at stake?

Medicaid delivers essential services to 5 million New Yorkers, among them our most vulnerable residents—at a cost, last year, of \$52 billion, about one-third of the state's health care economy. With national health care reform now rewriting the ground rules and budget deficits imposing a need for more efficient use of government resources—game-changers making better care for beneficiaries a critical priority—the Medicaid Institute at United Hospital Fund's role as the “go-to” source for definitive information on the program is more important than ever.

New directions

Over the past year, the Fund has focused on new approaches to coordinating and managing care for “high-cost” patients—the twenty percent of New York's Medicaid beneficiaries who account for 75 percent of program spending—to improve their health outcomes and control costs. These individuals typically have multiple, complex conditions—with two or more physical, mental, and behavioral health issues—that require numerous intensive services, services that are largely fragmented. We've also continued our work to make other aspects of the program more efficient, improving care and reining in costs, and to advise policymakers on the implications of health care reform.

With five million beneficiaries and \$52 billion in costs, New York's Medicaid program needs to work better and leaner.



Coordinating “Whole Person” Care

Fund research has documented how beneficiaries in need of mental health or behavioral health services—a particularly difficult group to treat effectively—also use more physical health services than other beneficiaries. The Institute’s analyses of current patterns of use and the range of options for care management have laid the groundwork for a major State initiative to bring these beneficiaries into “medical homes” and “health homes” that will address all facets of their health, coordinating the full arc of their care.

Managing Long-Term Care Needs

Elderly and disabled beneficiaries who need help with activities of daily living rely on Medicaid for long-term care services and support both at home and in residential facilities. Over the past year, Fund reports have mapped the characteristics, service usage, and costs of serving these New Yorkers, and clarified the challenge of containing costs while preserving access to vital services—as now being addressed by sweeping State reforms that will ultimately rely on care management organizations to coordinate and deliver services for these vulnerable beneficiaries.

Teaming Up on Policy Redesign

Faced with growing budget deficits and a potential million-beneficiary increase in Medicaid enrollment related to federal health care reform, Governor Cuomo created New York’s Medicaid Redesign Team early this year to launch a landmark reform effort. Fund experts are a part of that effort, with staff appointed to three of the Redesign Team’s workgroups, on payment reform and quality measurement; covering the right services in the right setting, and ensuring that cost-sharing promotes efficient service delivery without delaying care; and maintaining essential community-based long-term care services for beneficiaries as they move into managed care.

Detailing the Options

From “revisiting” Medicaid as a vital element in the continuum of health insurance, exploring the implications of federal reform and fiscal uncertainties, and detailing new ways to reach difficult-to-enroll populations, to comprehensively charting options for controlling prescription drug and transportation costs, a range of Fund white papers, conferences, and invitational roundtables has continued to provide vital information on expanding coverage and increasing program efficiency and effectiveness.

The Fund’s work on redesigning services for the most fragile, costly beneficiaries is supporting efforts to provide more effective, less costly care; our experts are also helping the State reshape payment, quality measurement, benefits, and long-term care.

Making Hospitals Safer and More Effective

What's at stake?

Each year, more than 2.5 million patients across the country contract infections—some fatal—during a hospital stay. New York's hospitals are leaders in quality improvement efforts—working to not only reduce infection rates but also to advance maternal/child safety, anticipate and respond to cardiac and other crises, and address myriad other quality issues. But sicker patients, shorter hospitalizations, and increasingly complex technology make it difficult to consistently apply the best practices that make for the highest quality of care.

New directions

Providing expert faculty, program management, and financial support, the Fund has worked with more than 80 metro-area hospitals to address pressing quality improvement and patient safety issues through innovative collaborations that are having a greater impact than individual initiatives can. Starting in 2005, these joint efforts, in partnership with the Greater New York Hospital Association, have complemented hospitals' own programs with a “rapid change” approach to quality improvement. Involving not only physicians and nurses but also other professional and ancillary hospital staff, the collaboratives have yielded notable results in the past year.

Sicker patients, shorter hospitalizations, and increasingly complex technology make improving the quality of care and patient safety an ongoing challenge for hospitals.



Advancing Maternal/Child Safety

Forty-five hospitals in the Perinatal Safety Collaborative have been focusing on implementing a defined set of best practices related to labor and delivery, and on advancing certification on electronic fetal monitoring. In partnership with GNYHA and several regional perinatal centers, the Fund has developed and piloted a survey to review care related to obstetric anesthesia practices—potentially to be adopted across the state.

Reducing the Toll of Sepsis

The STOP Sepsis Collaborative, initiated in October 2010, works to improve patient outcomes and reduce mortality associated with severe sepsis and septic shock by implementing standardized processes for early identification and treatment. After six months, participating hospitals reported substantial improvements in identifying Emergency Department patients with severe sepsis and in implementing an ED-based resuscitation protocol.

Lowering Infection Rates—and Costs


With data from 35 of 42 participating hospitals showing significant reductions in hospital-acquired cases of the dangerous *Clostridium difficile* infection, and estimated cost savings in the millions, the *C. difficile* Collaborative concluded, in early 2011, on a high note. The New York State Department of Health is now publicly reporting *C. difficile* rates throughout the state, and the Fund continues to serve on the Department's Healthcare Acquired Infection Technical Advisory Workgroup.

Crafting New Tools for Ongoing Risks

To help train an even broader base of hospital staff in state-of-the-art quality improvement practices, the Fund and GNYHA have created a toolkit of resources based on experiences and lessons learned from the Rapid Response System Collaborative, to be made available to GNYHA's more than 200 member hospitals. Two additional toolkits—related to central line-associated bloodstream infection and *C. difficile* reduction—are now in development.

Training Next-Generation Leaders

The Clinical Quality Fellowship Program—an intensive 15-month program of classes, seminars, mentoring, and a final quality improvement capstone project, designed to create cadres of “quality champions” in hospitals throughout the metropolitan region—graduated its second class. Meeting one of the program's primary goals, a number of the capstone projects—such as creation of an expedited medication refill process for internal medicine clinic patients with chronic illness—are not only proving sustainable in the settings for which they were designed but have also been adopted by other clinical departments. As the program, another collaboration with GNYHA, continues with its third class of quality fellows, it now includes, for the first time, nurses as well as physicians.



Fund-sponsored and -guided efforts have yielded dramatic improvements in infection rates, maternal/child safety, and other critical quality issues, by bringing together more than 80 hospitals in effective collaborations.

Bringing Families onto the Care Team

What's at stake?

One in five New Yorkers—2.8 million people—are family caregivers. They're essential to the care of patients with chronic illness or disabilities, yet more often than not they are not effectively supported or engaged by health care providers. Not only are they unprepared for the daunting responsibilities often thrust on them without notice, but that lack of preparedness can also compromise the quality of their loved ones' care, while putting their own health at risk.

New directions

The Fund has been instrumental in bringing the issue of family caregiving to national attention, and has continued to address it and its implications for patients' well-being through our Families and Health Care project. The project's Next Step in Care Campaign provides information and guidance to family caregivers and health care providers, and, through the Transitions in Care-Quality Improvement Collaborative, helps health care providers learn to work with family caregivers in new ways, to make moves from one care setting to another safer.



One in five New Yorkers are family caregivers. It's hard work for which they are often unprepared. And poor communication between them and health care professionals can add to the problem—and compromise the quality of their loved ones' care.

Collaborating on Better Practices


With transitions from one care setting to another raising the risk of medical crises, medication errors, and preventable rehospitalizations, the Transitions in Care-Quality Improvement Collaborative (TC-QuIC) focuses on bringing new approaches to the work of engaging caregivers, assessing their needs, and training and communicating with them, using many of the tools developed as part of the Next Step in Care campaign. The conclusion of TC-QuIC's initial collaborations—involving 11 partnerships among teams from 24 participating hospitals, nursing home rehab programs, home care agencies, and a hospice—showed significant improvements in the way professionals worked with family caregivers to improve the safety and effectiveness of transfers between care settings. Overall, more systematic and earlier education and involvement of caregivers resulted in their feeling better prepared—and in staff reporting fewer post-discharge “fires to put out.” A second group of TC-QuIC collaborations is now underway, with 21 institutions participating.

Reaching Caregivers Directly

The Fund's newly enhanced nextstepincare.org website—winner of a 2011 national Caregiver-Friendly Website award—further expanded its resources for caregivers this year. Already reaching thousands of caregivers with vital information, the site now features more than twenty guides in English, Spanish, Chinese, and Russian, offering practical answers on the common but difficult concerns confronting caregivers both in the institutional setting and at home—how to manage medications, the differences between hospice and palliative care, and how to plan for home care, among them. Other guides are helping health care providers improve care, covering topics like the role of family members in easing a dementia patient's hospital or ER stay. Next Step in Care also added a Facebook page this year—Family Caregivers and Better Health Care—creating even greater exposure.

Strengthening Support for Families

The Fund is working directly with more than 35 community agencies and organizations to train staff in using Next Step in Care materials with family caregivers before crises occur. And the campaign has been increasingly visible in other efforts to reach both caregivers and health care providers: a Centers for Medicare and Medicaid Services video on medication management, staff-written articles in the *American Journal of Nursing* and *Health Affairs*, and a number of widely distributed, well received op-ed pieces and radio appearances by campaign leadership.



The Fund is reaching family caregivers directly with vital information and guidance—and reaching providers with hands-on collaborations that change the way they work with caregivers and improve patients' and families' lives.

Helping Seniors Stay Healthier Longer

What's at stake?

Most older New Yorkers choose to remain in their own homes for as long as possible, but multiple chronic illnesses, medications to manage, and health care providers to see can make that goal a formidable challenge. With the rapid aging of the population, it's a challenge for our health care system too—requiring new ways of promoting health and providing care to better use resources, contain costs, and improve seniors' well-being.

New directions

The Fund's creation of effective partnerships between community organizations and local health care providers is bringing supportive services into the fabric of seniors' daily lives. Our pioneering Health Indicators survey and quality improvement process is helping communities determine and address their seniors' specific health risks and needs. And, combining those two approaches, the Fund has also launched a multi-year diabetes-control initiative, our unique contribution to a major nationwide campaign.



For seniors with multiple chronic conditions, medications, and health care providers, remaining in their own homes is a challenge. With scarce resources and high costs, it's a challenge for our health care system too.

Tailoring Services to Community Needs


The Fund has concluded its four-year contract with New York City's Department for the Aging to develop Health Indicators—a survey and process for identifying risks to seniors' healthy aging, targeting interventions to those risks, and assessing the results. Thirty-three programs in naturally occurring retirement communities, or NORCs, have been using Health Indicators to identify the most prevalent health conditions among their seniors and implement best practices. The results are demonstrating how community-based organizations can play a vital role in managing health risks. Among more than 1,000 seniors benefiting from Health Indicators' interventions, important improvements have been achieved and documented. Of the two-thirds being monitored for hypertension, 78 percent now have it under control. Of those at increased risk of falls, 51 percent have been assessed by a health care professional for gait, balance, and strength issues, up from 27 percent. And for those with diabetes, improvements are documented across all standard measures used by the National Committee for Quality Assurance's Diabetes Recognition Program.

Leading the Way Nationally

The Fund continues to be a leader for communities throughout the country trying to design service programs to create “a good place to grow old.” The new Health Indicators section of the Fund's www.norcblueprint.org website provides training materials and access to the Health Indicators survey and database. National interest has been strong, with the federal Administration on Aging announcing it to all of its contractors, numerous senior-serving health and social service providers across the country adopting Health Indicators, and New York City's NORC programs preparing to re-survey their communities using the on-line tool.

Bringing New Focus to Diabetes Control

Although 38 percent of New York City adults with diabetes are seniors, few efforts have focused on this population—until now, with the launch of the latest Fund initiative as part of Bristol-Myers Squibb Foundation's Together on Diabetes®. Our Community Control Strategy for Seniors is being supported by a \$2.8 million, three-year grant from the Foundation—one of just four initial grants nationwide. Working with community organizations and health care providers in Washington Heights-Inwood, the Fund is forging innovative partnerships to help seniors better control their diabetes and minimize risks of serious complications. That's no small task: among New York City adults with diagnosed diabetes, only 55 percent had a critical marker of blood sugar levels within target range.



The Fund's work has demonstrated that innovative partnerships between community organizations and local health care providers can create the preventive and supportive services that can improve seniors' health and well-being.

Supporting Innovation in Health Care through Philanthropy

The United Hospital Fund awarded \$1.258 million in grants during the fiscal year ending February 28, 2011.

This strategic grantmaking—to not-for-profit and public hospitals, nursing homes, and health care, academic, and public-interest organizations—sponsored research to analyze systemic problems, supported the development of model projects, and fostered innovative solutions.

The United Hospital Fund's philanthropy is made possible by our own fundraising campaign.

Expanding Health Insurance Coverage

MEDICARE RIGHTS CENTER \$65,000

To assess the policy implications of the Affordable Care Act for Medicare Advantage plans in New York, in order to understand the Act's impact on plan availability and benefit design, and how this will affect consumers.

THE NEW YORK IMMIGRATION COALITION \$75,000

To reinforce, through training, education, and outreach, immigrants' right to health care and health coverage, following a health reform debate that resulted in widespread confusion among immigrant communities.

THE URBAN INSTITUTE \$50,000

To provide an updated profile of insurance coverage in New York State to help frame policy choices for the implementation of health care reform.

Improving the Quality of Care

BETH ISRAEL MEDICAL CENTER \$70,000

To establish the Chinese Caregiver Volunteer Support Program to improve the quality of life of Chinese family caregivers, by recruiting, training, and deploying a group of older Chinese volunteers to provide needed assistance, and to determine the feasibility of this innovative model for meeting the needs of underserved and culturally isolated caregivers.

CALVARY HOSPITAL \$50,000

To test an enhanced home care model that incorporates palliative care services not currently available to patients receiving treatment for cancer and other potentially life-limiting illnesses and conditions who do not wish to choose or are not eligible for hospice care.

GNYHA FOUNDATION \$250,000

To support a series of quality improvement collaboratives and a leadership training program developed through the partnership of the Greater New York Hospital Association and United Hospital Fund.

IPRO \$100,000

To design a prototype of a New York State health system scorecard.

JEWISH HOME LIFECARE \$65,000 (OVER 16 MONTHS)

To advance culture change through a collaborative quality improvement program to be conducted in three Jewish Home Lifecare "neighborhoods," or units, with participation of residents, staff, and families.

NEW YORK CITY AIDS FUND \$20,000

To support an AIDS grantmaking consortium in New York City.

Redesigning Health Care Services

AMIDA CARE \$75,000

To redesign primary care and specialty service delivery systems to better serve HIV-positive patients with complex issues.

MONTEFIORE MEDICAL CENTER \$100,000 (OVER TWO YEARS)

To demonstrate the effectiveness of a coordinated care management program, integrating treatment for chronic medical conditions with behavioral health care for depression and alcohol abuse, in improving patients' health and lowering health care costs.

STEVEN AND ALEXANDRA COHEN CHILDREN'S MEDICAL CENTER OF NEW YORK/NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM \$48,000

To establish a task force of national and local health care leadership that will develop recommendations to improve the transition of young adults with chronic diseases of childhood from pediatric care to adult medicine. *This grant is made possible, in part, with funds raised by the 2009 Healthy Kids Benefit of the Fund's New Leadership Group.*

VISITING NURSE SERVICE OF NEW YORK \$100,000

To expand the Clinical Caregiver Advocate program and establish a new Caregiver Coach program to train home care clinicians to better communicate with, support, and train family caregivers and to integrate them into the home care team.

Promoting Health Care Voluntarism

BELLEVUE HOSPITAL CENTER \$40,000

To develop a training curriculum for Reach Out and Read and Health Literacy volunteers working in pediatric waiting rooms, with the goal of reducing childhood obesity—primarily among Latino families—by developing healthy eating and active lifestyle habits. *This grant is made possible, in part, with funds raised by the 2009 Healthy Kids Benefit of the Fund's New Leadership Group.*

LONG ISLAND JEWISH MEDICAL CENTER \$30,000

To expand a successful program in which volunteers conduct targeted interventions with geriatric patients, to address a broad range of issues known to contribute to cognitive and functional decline during hospitalization.

MONTEFIORE MEDICAL CENTER \$40,000

To improve the hospital experience by engaging volunteers as Caregiver Support Coaches to provide support and one-on-one practical assistance to family caregivers of hospitalized patients through a new Caregiver Support Center.

THE MOUNT SINAI HOSPITAL OF QUEENS \$40,000

To develop the Volunteer Advocates for Inpatient Units program, to help patients and their caregivers understand discharge plans, post-discharge referrals, and available resources, through volunteer-provided education, support, and assistance.

WOODHULL MEDICAL AND MENTAL HEALTH CENTER \$40,000

To increase psychiatric patients' access to primary care services through the use of volunteer Patient Navigators, who will be an integral part of the care team at a new primary care clinic, co-located with the psychiatric clinic.

United Hospital Fund Beneficiary Hospitals

Bronx-Lebanon Hospital Center
The Brooklyn Hospital Center
Calvary Hospital
Continuum Health Partners
 Beth Israel Medical Center
 The New York Eye and Ear Infirmary
 St. Luke's-Roosevelt Hospital Center
Hospital for Special Surgery
Interfaith Medical Center
Kingsbrook Jewish Medical Center
Lenox Hill Hospital
Lutheran Medical Center
Maimonides Medical Center
MediSys Health Network
 The Brookdale University Hospital
 and Medical Center
 Flushing Hospital Medical Center
 Jamaica Hospital Medical Center
Memorial Hospital for Cancer and Allied Diseases
Montefiore Medical Center
The Mount Sinai Hospital
Mount Sinai Queens
New York Community Hospital
New York Downtown Hospital
The New York Hospital Medical Center of Queens
New York Methodist Hospital
NewYork-Presbyterian Hospital
North Shore-Long Island Jewish Health System
NYU Langone Medical Center
Peninsula Hospital Center
Richmond University Medical Center
St. Barnabas Hospital
St. John's Episcopal Hospital
St. Mary's Healthcare System for Children
Staten Island University Hospital
Wyckoff Heights Medical Center

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Financial Report

The Fund ended FY 11 financially strong, significantly improving its balance sheet over the fiscal year. Investments rose from \$96.4 million to just over \$107.0 million, earning approximately 18 percent. While the Fund took on a full complement of program activities, we also planned and prepared to move to a new space in March 2011, the end of our 15-year lease in the Empire State Building. We entered into a new 15-year lease in September 2010 for space at 1411 Broadway. The lease included incentives of approximately \$3.15 million to offset build-out costs for the new space. Construction began in November 2010 and continued through the end of the fiscal year. During this time the Fund also secured a line of credit to support cash flows while waiting for incentive payments from the landlord. All these FY 11 activities effectively increased assets by \$15.8 million—to \$121.9 million—and liabilities by \$4.8 million—to just under \$8.8 million.

FY 11 operating revenue and support activity was noteworthy. Foundation grants brought in \$2.1 million of temporarily restricted funds that will be spent over the time periods to which the awards relate, and the Fund recognized nearly \$2.0 million in government contract revenue—more than FY 10 results of \$783,000 and \$1.8 million, respectively. Special events in FY 11 yielded \$1.9 million, a significant amount but lower than FY 10's stellar results of \$2.4 million. Annual campaign results for FY 11 declined slightly from FY 10 but remained in the \$400,000 range. FY 11's \$5.9 million endowment draw was lower than FY 10's draw of \$6.2 million, due to lower endowment values on which the spending rate is based and a decline in the spending rate from 5.6 percent in FY 10 to 5.5 percent in FY 11. In all, however, total operating revenues and support increased nearly \$700,000 to \$12.6 million in FY 11, from FY 10's results of \$11.9 million.

Program activity dominated operating expenses. The Fund continued its work for the Medicaid institute, funded by the New York State Department of Health. Our Aging in Place Initiative embarked on creating a community-based diabetes control program, supported by a multi-year grant from Bristol-Myers Squibb, and also continued its work to promote healthy aging by improving neighborhood-based supportive services for seniors. Passage of the Affordable Care Act created

an opportunity for the Fund's Health Insurance Project to analyze the implications for New York of implementing a health insurance exchange. Multi-hospital quality improvement collaboratives focused on infection control, perinatal safety, and other pressing quality issues, and the Clinical Quality Fellowship Program completed its training of another class of quality improvement leaders. The Families and Health Care Project's Next Step in Care campaign launched its own collaborative focused on better coordination of care for patients transitioning from one health care facility to another or to home. These major projects, along with the Fund's health care finance and grantmaking activities, accounted for the more than \$7.0 million of program expenses incurred in FY 11—slightly reduced from FY 10's nearly \$7.6 million, primarily due to a cost reduction strategy in FY 11's grantmaking of over \$500,000.

A robust communications effort accounted for costs of \$1.2 million in publications and information services, slightly higher than the nearly \$1.1 million spent in FY 10. FY 11's administrative and general costs of \$2.8 million increased slightly over FY 10's \$2.6 million, due to legal fees related to the new lease and build-out and higher personnel costs. Fundraising costs declined in FY 11 to \$787,000 from \$833,000 in FY 10, however, because of reduced Development department staffing during FY 11. Together, FY 11 operating expenses remained in the \$12 million range. Non-operating activity included over \$10.2 million in investment return above that spent for operations, the primary force in adding \$10.3 million to the Fund's bottom line in FY 11. All these events increased net assets in FY 11 by more than \$10.9 million.

With health care reform remaining the subject of debate and implementation discussions, the Fund has much to contribute, and remains a leader in providing high-quality independent information and analysis, supporting the health care community and promoting positive change in health care. Preserving our financial strength, forging a successful new major gifts campaign, and retaining our leadership role are priorities for the Fund as we recommit, in FY 12, to promoting and supporting improvement in New York's health care system.

United Hospital Fund of New York Financial Summary

Statement of Financial Position

Year ended February 28, 2011

ASSETS

Cash and cash equivalents	\$ 3,977,805
Grants and other receivables, net	3,402,962
Other assets	1,135,108
Investments	107,032,706
Property and equipment, net	2,763,239
Beneficial interest in perpetual trusts	3,617,251
Total assets	\$ 121,929,071

LIABILITIES AND NET ASSETS

Liabilities:

Accounts payable and other liabilities	\$ 1,412,786
Line of credit	1,700,000
Pension benefit liability	1,502,402
Deferred rent obligation	2,396,377
Grant commitments	1,153,000
Accrued post-retirement benefits	604,269
Total liabilities	8,768,834

Net assets:

Unrestricted	\$ 87,139,248
Temporarily restricted	21,246,298
Permanently restricted	4,774,691
Total net assets	113,160,237
Total liabilities and net assets	\$ 121,929,071

Complete audited financial statements are available on the United Hospital Fund website at www.uhfnyc.org, or you may contact the New York State Charities Bureau, 120 Broadway, New York, NY 10271.

Statement of Activities

Year ended February 28, 2011

OPERATING REVENUES AND SUPPORT

Public support:

Foundation grants	\$ 2,128,875
Government grants	1,974,185
Legacies	19,031
Contributions	425,744
Special events	2,316,255
(Less direct expenses)	(388,665)

Total public support 6,475,425

Other revenues:

Conferences, publications, and other	65,496
Investment return designated for current operations	5,925,000
Other investment income	156,221

Total other revenues 6,146,717

Total operating revenues and support 12,622,142

OPERATING EXPENSES

Program services:

Grants	1,208,000
Health services research, policy analysis, and education	5,867,629
Publications and information services	1,238,222

Total program services 8,313,851

Supporting services:

Administrative and general	2,849,361
Fundraising	786,861

Total supporting services 3,636,222

Total operating expenses 11,950,073

Change in net assets from operations 672,069

NON-OPERATING ACTIVITIES AND SUPPORT

Investment return more than amounts designated for current operations	10,292,473
Pension-related changes other than net periodic pension cost	(331,284)
Post-retirement-related changes other than net periodic post-retirement cost	11,952
Change in value of beneficial interest in perpetual trusts	366,947
Tax expense from unrelated business income	(36,264)

Change in net assets from non-operating activities and support 10,303,824

Change in total net assets 10,975,893

Net assets at beginning of year 102,184,344

Net assets at end of year \$ 113,160,237

Complete audited financial statements are available on the United Hospital Fund website at www.uhfnyc.org, or you may contact the New York State Charities Bureau, 120 Broadway, New York, NY 10271.

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ENDOWMENT FUNDS

The total of legacies and memorial and other endowment fund gifts received prior to March 1, 2011, was \$17,746,071. Of this sum, \$231,960 was distributed to the Fund's beneficiary hospitals directly, by the terms of the legacies.

The Fund received the following legacy gifts in fiscal year 2011:

Sam and Bertha Friedlander
Benjamin E. Schwartz

2010–11 CONTRIBUTORS

Support received March 1, 2010–
February 28, 2011

\$100,000 and Over

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Opportunities to Help

The United Hospital Fund relies on your generosity to support its mission of addressing critical issues and shaping positive change in health care for the people of New York. One especially meaningful way to help is to remember the Fund in your will. Through a bequest you can support innovation and necessary change in health care while linking your name for years to come with a cause larger than any single institution.

A bequest may allow you to make a more significant gift than you could otherwise afford in your lifetime and may also reduce your estate taxes. Moreover, your support will enable the Fund to continue to be a center for ideas, activity, and participation for future generations.

When discussing your estate plans with your lawyer or financial advisor, you may want to consider incorporating the following simple language in your will: “I give and bequeath to the United Hospital Fund ____ percent of my total estate [or \$____, or other property].”



The United Hospital Fund is proud that it meets all of the Better Business Bureau's Standards for Charity Accountability.

Other giving opportunities are available that may provide lifetime income and significant tax advantages for you while benefiting the work of the Fund. You can also contribute to the Fund by supporting its annual fundraising campaign.

For more information on bequests, other special giving plans, or the annual fundraising campaign, please call Christina Maggi, Director of Development, at (212) 494-0728.

The United Hospital Fund is a not-for-profit charitable organization under Section 501(c)(3) of the Internal Revenue Code (federal tax ID# 13-1562656) and all gifts are deductible to the full extent allowed by law.



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*Shaping New York's Health Care:
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