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PRESIDENT'S LETTER

By Jane S. Fineberg

NYAAC held its 19th Annual Celebration on September 27 at Tavern on the Green. Our award for Significant Contribution and Commitment to Ambulatory Care was given this year to Benjamin Chu, MD, MPH, President of the New York City Health and Hospitals Corporation. The event attracted a large crowd, with nearly 200 people gathering to honor Dr. Chu. Dr. Neil Calman, the 2003 honoree, presented the award. A number of HHC Senior Staff, including Deborah Cates, Chief of Staff, Joseph Orlando, Executive Director and Sr. Vice President of Jacobi Medical Center and Carlos Perez, Executive Director, Bellevue Hospital, shared humorous stories of working with Ben. Past recipients Rhonda Kotelchuck, Jim Stiles as well as founding NYAAC member Dr. Benjamin Wainfeld, were in attendance. See page thirteen for photos from the event.

Special thanks to Joan Sclafani and Marilyn Masick, Co-Chairs of the Celebration Committee, Rich Cupelli, Jim Knox, Carlton Wynter and Debbie Goldman, NYAAC Executive Director, for their planning and hard work in making this a terrific event!

We began 2005 with this year's Annual Meeting on January 26th. We were delighted to welcome Christine C. Quinn, New York City Council Member and Chair of the City Health Committee, as the Keynote Speaker. Councilmember Quinn's presentation focused on the New York City Health Care Outlook for 2005. We also presented former NYAAC Board Member and Past-President, Edward Fried with a special award recognizing his dedication and longstanding service to NYAAC. Congratulations to our new board members elected at the Annual Meeting: Jacqueline Dawson, Bronx Regional Director of Clinical Services at the Institute for Urban Family Health, and Eileen Nihan, Director of Health Administration at New York Foundling Hospital. Both have already been very active in planning activities for this year.

Recently, NYAAC has partnered with several local professional organizations as part of the Board's commitment to provide our members with access to programs covering a broad range of issues in healthcare, as well as to increase our membership. The groups we have joined efforts with this year are New York Society for Health Planning, American Society for Public Administration, New York Association for Healthcare Quality and Women in Health Management. These partnerships have proven to be successful and we look forward to working with these and other groups in the future.

In closing, I would like to say that now that we've made it through what has felt like a never-ending winter, I wish all of you a great spring!

2005 BOARD OF DIRECTORS

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Dear **NYAAC** Members:

It is hard for me to believe that I have been **NYAAC's** Executive Director now for nearly 10 years. When I started working with **NYAAC** back in November of 1995 I was not thinking that this would be a long-term opportunity. The one thing that has not changed over the years is **NYAAC's** mission of providing educational and networking opportunities for its members. We continue to sponsor educational programs, have our Annual Celebration and issue a newsletter. I would have to say that the biggest has been the development of the **NYAAC** website and email. The website has allowed us to have an up-to-date, on-line membership directory, notify you by email about **NYAAC** programs and register for events on-line. In the end, the Board of Directors is committed to providing you with information and networking opportunities that provide you with professional development opportunities and the tools to help you do your job better.

With one-third of 2005 already behind us, **NYAAC**, once again, is looking at a busy year. In January, we welcomed City Council Chair, Christine Quinn as our keynote speaker at our Annual Meeting. We have sponsored three educational programs already this year, Understanding and Responding to Health Workforce Issues in Ambulatory Care Settings, Shared Visions-New Pathways in Ambulatory Care, The JCAHO Survey Process and The Primary Care Emergency Management Demonstration Project. Later this month we are offering a full day seminar on Customer Service and on June 1st there will be an evening program on the CON Process. (see page 10 for additional information on both of these programs). We are also currently accepting nominations for the **NYAAC** Annual Celebration, an event to take place this fall, that recognizes an individual's or organization's commitment to ambulatory care. If you would like to nominate someone for this award, please forward that nomination to me either by mail or email.

As always, I want to remind you to get more involved in your organization. You can do that by joining a committee (program, membership, quality management or policy and legislation), by writing an article for the newsletter or by posting jobs on the **NYAAC** job board. Of course, if you have any other suggestions, please call me at 631-864-8392 or email me at dgoldman@nyaac.org.

Sincerely,

Debbie Goldman, MBA
Executive Director

NYAAC

30 Jericho Turnpike, #165 • Commack, NY 11725
(631) 864-8392 • FAX (631) 864-8397

<http://www.nyaac.org>

Spotlight on . . .



The New York Eye and Ear Infirmary

By **Jean Thomas**, *Director of Public Affairs and Marketing*
New York Eye and Ear Infirmary

The New York Eye and Ear Infirmary was founded in 1820, the oldest continuously operating specialty hospital in the United States and the third oldest hospital of any kind in New York City, after New York Hospital and Bellevue. Based on the model of the Royal Eye Hospital in London, the Infirmary introduced the science of Ophthalmology to America.

Virtually all treatment -- even early cataract surgery -- was outpatient until the 1840's when it was discovered that the cleanliness and sanitation of an inpatient setting created far better outcomes than discharge back home to city dwellings with no running water in the era before antibiotics. However, the state-of-the-art New York Eye and Ear Infirmary of 2004 is once again primarily ambulatory. Microsurgical and endoscopic techniques have made it possible for most surgeries in our specialties to be done on a same-day basis.

For diagnosis and management of outpatients, the Ambulatory Care Division of the Infirmary provides a full range of services for the diagnosis and management in ophthalmology, otolaryngology and related specialties such as plastic & reconstructive surgery and diabetes management. Initially patients are seen in general clinics by appointment or on a walk-in basis; then, when necessary, referred to more than 25 specialty and sub-specialty services within these divisions. In addition, patients are referred for highly specialized tests and treatments by attending physicians, and self-refer for emergency treatment, especially in cases of eye trauma.

In the compact campus of just three small buildings on 14th Street & Second Avenue in Manhattan, the Infirmary is a busy, efficient institution. It is the largest provider of primary through tertiary eye care in the region, with more than 82,000 patient visits a year to its ophthalmology services; 40,000 to its otolaryngology and communicative sciences services and another 5,000-7,000 patient visits to a variety of related specialties. More than 20,000 surgeries, 90% of them elective ambulatory, are also performed here.

The Infirmary has unique, specialized programs. The comprehensive Retina Center has the tristate area's largest staff and array of diagnostic equipment for treatment of more than 20,000 patients a year with macular degeneration, diabetic retinopathy, uveitis, and retinoblastoma. The Pediatric Glaucoma Center offers treatment and support for young patients and their families with this condition more commonly associated with age, and so rarely seen in children.

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NOTE: In each issue of the NYAAC newsletter we hope to profile an organization represented by one or more NYAAC members. To submit an article on your organization, contact Executive Director Debra Goldman at dgoldman@nyaac.org.

The Vestibular Rehabilitation program through the Department of Otolaryngology features highly targeted physical therapy for patients with balance disorders and chronic dizziness which may be connected to inner ear disease. Our Thyroid Center grew out of the particular interest of a doctor studying the potential health effects of Chernobyl among Russian immigrants in Brooklyn and now combines the expertise of otolaryngologists, endocrinologists, and radiologists for hundreds of patients a year. In the Department of Radiology, the “world's fastest CT scanner,” the Aquilion, under the direction of an internationally known neuro-radiologist, yields unparalleled 3-D images prior to reconstructive surgery and cochlear implant while dramatically decreasing radiation exposure and need for sedation (especially with children).

The New York Eye and Ear Infirmary is an affiliated teaching hospital of New York Medical College, and since 1999, has been a member of Continuum Health Partners, Inc., which includes Beth Israel Medical Center, Roosevelt Hospital, St. Luke's Hospital, and Long Island College Hospital.



Spotlight on ...



Community Healthcare Network

By **Elizabeth Howell**, *Director of Development*

HISTORY AND MISSION

Community Healthcare Network strives to enhance the quality of life and promote health for low-income, ethnically diverse, and medically underserved neighborhoods of New York City. Our first commitment is to those who are underinsured and uninsured, who need culturally competent, primary and preventive health care, family planning, and social services.

The agency was established in 1981 as the Community Family Planning Council to strengthen management and administration of several community-based health care centers dating from the 1960's and 70's. Since its inception, the agency has grown tremendously in response to such social crises as unequal distribution of medical care, adolescent pregnancy, AIDS, inner city poverty and homelessness. For example, as a pioneer in developing model initiatives to meet community needs, the agency was the first family planning provider in New York State to offer prenatal care and professional social work services (1984), and the first licensed by the State to operate a fully equipped mobile health center, providing flexibility and quick response to the greatest needs (1991).

Today with an Article 28 licensure, the agency provides comprehensive preventive and primary care in adult medicine and pediatrics; reproductive healthcare, pre- and postnatal care; special teen pregnancy prevention programs; mental health care (Article 31); comprehensive HIV care; oral health; social services; health education; and nutrition counseling. To reflect the agency's growth -- we changed our name in 1998 to Community HealthCare Network (from Community Family Planning Council) to portray our comprehensive care.

PATIENTS AND COMMUNITY FOCUS

CHN serves over 60,000 people a year who would otherwise have little or no access to health care in 16 neighborhoods in Brooklyn, Manhattan, Queens, and the Bronx that are designated by public health agencies as Medically Underserved Areas (MUA's).

These communities include Jamaica, Queens; Flatbush, Crown Heights, East New York, Bedford Stuyvesant in Brooklyn; the South Bronx as well as Washington Heights, Central Harlem and the Lower East Side in Manhattan. All told, Community Healthcare Network's service areas encompass 116 zip codes across New York City. The centers' locations are as follows:

- Queens Center, 97-04 Sutphin Blvd., Jamaica, New York 11435; (718) 657-7088
- C.A.B.S. Center, 94 Manhattan Avenue, Brooklyn, New York 11206; (718) 388-0390
- Caribbean House Center, 1167 Nostrand Avenue, Brooklyn, New York 11225; (718) 778-0198

- Dr. Betty Shabazz Center, 999 Blake Avenue, Brooklyn, New York 11208; (718) 277-8303
- Bronx Center, 975 Westchester Avet, Bronx, New York 10459; (718) 991-9250
- Community League Center, 1996 Amsterdam Avenue, New York, New York 10032; (212) 781-7979
- Lower East Side Center, 92-94 Ludlow Street, New York, New York 10002; (212) 477-1120
- Helen B. Atkinson Center, 81 West 115 Street, New York, New York 10026; (212) 426-0088
- CHN Administrative Offices, 79 Madison Ave., New York, NY 10016 (212) 366-4500

CHN has a team of almost 300 staff including medical providers, nurses, nutritionists, social workers, case managers, counselors, professional and administrative staff. This team is committed to providing high quality health care and social services to the city's ethnically diverse populations. Reflecting the communities served, CHN staff members speak more than a dozen languages. All our services are confidential.

CHN OFFERS MANY HEALTH SERVICES:

- Acupuncture
- Adolescent medicine
- Adult medicine
- Asthma screening and care
- Cholesterol screening
- Colposcopy
- Dental
- Diabetes screening and care
- Emergency contraception
- Employment physicals
- Family planning and reproductive health care
- Geriatrics
- Health education
- HIV primary care, treatment adherence, case management, counseling and testing, support services
- Immunizations
- Mental health services (under article 31 license)
- Nutrition
- Pediatrics and well-baby care
- Podiatry
- Prenatal and post-partum care
- Psychiatry
- Reproductive health care
- School physicals
- Social services

OTHER PROGRAMS AVAILABLE AT CHN:

- Asthma education and case management
- Breast cancer education and outreach
- Cholesterol disease management
- Community health education
- Diabetes disease management
- Infectious disease consultation
- Juvenile Justice and Delinquency Program
- Nutrition as a parenting skill
- Teens P.A.C.T. (a pregnancy prevention program for teenagers)
- Women's HIV supportive services

Additional information can be found at

www.chnny.org

NYAAC ANNUAL MEETING January 26, 2005

NYAAC was pleased to welcome Christine C. Quinn, New York City Council Member and Chair of the City Health Committee as the Keynote Speaker . Councilmember Quinn presentation focused on the New York City Health Care Outlook for 2005. We also presented long-time NYAAC member, Board Member and Past-President Edward Fried with an award recognizing his dedication and service to NYAAC. NYAAC's annual elections were also held at this event.



Elissa Macklin, NYAAC Secretary, Councilmember Christine C. Quinn and Jane Fineberg, NYAAC President (left to right)



Jane Fineberg with special award recipient, Edward Fried.



Newly elected board members Jacqueline Dawson and Eileen Nihan (left to right)

Utilization of Collaborative Learning to Maximize Revenue in Ambulatory Care Settings

Elissa Macklin, MBA

Safety-net organizations providing services for underserved populations often manage day-to-day operations in a crisis mode. Grappling with limited resources, they often lack the capacity to introduce and manage the cultural change that will lead to a team approach. Collaborative learning - the convening of facilities with similar problems in a guided problem-solving process - results in problem resolution and forges an organization that has learned problem-solving skills and a new approach to managing change.

Primary Care Development Corporation, a New York City-based non-profit corporation, has conducted three programs, based on the classic Learning Collaboratives¹ conducted by the Institute for Healthcare Improvement, targeted to the improvement of the revenue process in safety-net organizations. The model would apply as well to medical practices or any organization struggling with the need for reinvention and improved operations, but with limited resources to devote to this daunting task.

The steps leading to revenue maximization are well known. The indicators and measures of success are not mysterious. PCDC's approach is to go beyond revenue cycle issues, to include a focus on the culture and practices within the organization that will lead to success. The revenue generation process should not be a patchwork of many different processes, with staff members each responsible for their own 'square' of the quilt. Rather, a successful revenue process depends on a team approach, with the different steps and processes melded into a continuum, with each staff member aware of and responsible for the impact they have on the bottom line.

Participation in a Learning Collaborative focuses the attention of administrative and line staff on the task at hand. Groups of employees and staff, organized into teams, from different organizations or different practices within an organization are brought together with the shared goal of improving their processes. The Collaborative model provides structured learning, knowledge application and sharing. The Collaborative experience promotes team work, offers an array of proven strategies (change concepts), and evaluates programs and processes through collection and reporting of core outcome measures. The key benefits are the creation of lasting and sustainable organizational change and the unleashing of internal energy, talent and vision. Composition of the teams is carefully crafted with individuals who work in the practice, who together have the full array of knowledge and skills needed to deal with the problems and who are motivated to improve the process at hand.

PCDC's added components of coaching support and site visits by expert faculty are key factors in attaining and maintaining the focus of organizational effort that leads to positive outcomes.

Three Learning Collaboratives have been conducted by PCDC with participating teams from twenty-three inner-city community health centers and hospital based clinics (One hospital-sponsored community-based clinic, one hospital-sponsored network of community-based clinics, one hospital outpatient clinic, two special-needs ambulatory care centers, and eighteen free-standing community health centers).

Continued on page 9

There was a dual emphasis; 1) **technical** – comparing standard financial indicators and measures (denials, receivables, etc.) to national benchmarks and identifying opportunities for improvement, and 2) **process-oriented** - integrating back office, clinical and front office processes and educating all staff members as to the importance of their role in the revenue process. Each team selected the measure(s) that offered them the best improvement opportunity. Modalities for imparting methods of improvement included formal instruction by experts, site visits by the experts resulting in customized improvement plans, sharing of best practices by the participating teams, team-building to create shared accountability and sharing of results. The resultant improvement in financial indicators and revenue process (dollar collections increased among the participants by \$4.9million, with cash collections increased as much as 27%) has proven to be sustainable and adds credence to the effectiveness of the collaborative learning process in producing lasting improvement.

The PCDC Learning Collaborative model (fig.1) consists of:

- Pre-work, an initial period of baseline data collection, guided by a PCDC coach, during which the Collaborative team reveals the current condition of the facility, opening the path for change. This exercise sets the stage for change implementation, yields ammunition for overcoming resistance and provides the baseline against which the organization will measure improvement.
- Learning Sessions, during which the teams convene as a group to share findings, experience and results. Expert faculty delivers didactic instruction and, along with PCDC coaches, interacts with team members. Learning Sessions are interspersed with Action Periods.
- Action Periods, during which the teams, with the guidance of the PCDC coaches, apply the learning and design, test and implement process changes. The teams continue their interaction through listservs (email communication) moderated by the PCDC coaches and the expert faculty. In addition, the expert faculty visits each participating facility for individual consultation, problem-solving and design of customized improvement plans.
- Spread and Sustain Period, during which participating facilities are given continued support by PCDC coaches to assist them with maintaining their gains and spreading the improvements to other sectors of the organization

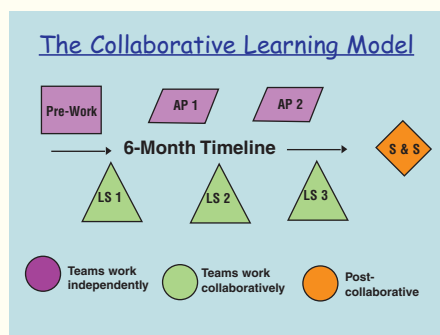


fig. 1

For the Revenue Maximization Collaborative, the teams were presented with a 'Dashboard' (fig.2) of critical indicators. Each organization's team identifies and attacks the intervention(s) which will have the greatest impact on their site's revenue.

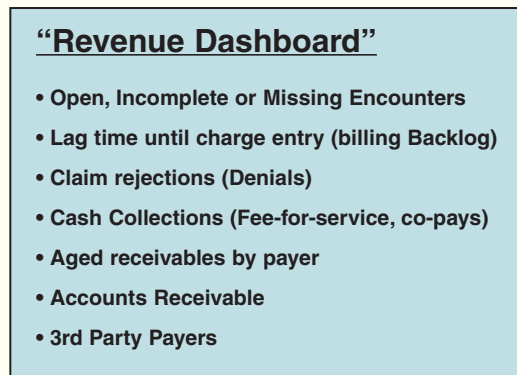


fig. 2

The teams are introduced to tactics and interventions targeted to the technical aspects of revenue collection and to the processes involved in revenue collection.

Technical tactics and interventions address the use of national benchmarks to establish goals for the 'Dashboard' of critical indicators, and the implementation of processes that will guarantee rapid progress toward those goals ('fast breaks'). *Examples:*

Cash Collections:

- Collect all co-pays and minimum payments.
- Increase staff awareness about the importance of collecting cash
- Set targets for staff performance.
- Use scripting to make staff comfortable when requesting payment.

3rd Party Payers:

- Establish relationships with personnel at their processing center.
- Understand your contracts & educate your staff.
- Credential all providers (especially new hires).

Attack receivables/denials:

- Stratify, re-work to get the 'biggest bang for the buck' (high-volume, high-dollar claims).

Process tactics and interventions are aimed at the redesign of basic organizational processes, creating a seamless revenue process that involves all staff at all levels.

Recruit team members from all involved areas of the facility to:

- Seamlessly integrate front office, clinical, back office processes.
No more 'working in silos'.
- Look at processes that resulted in the 'fast break' improvements and make them the way the work is always done.

All staff play a role in revenue generation, and the level of revenue generation affects all staff – educate them!

- Track and map your billing process from encounter generation to payment posting.
- Identify each staff member's role in the process – show them how their actions and practices impact revenue.
- Identify bottlenecks.
- Set your cross-functional team to work on eliminating the bottlenecks.

Encourage the team to set ‘stretch’ goals, to go beyond the expected. Incremental goals result in incremental improvement – we are seeking radical improvements.

Using these tactics, the twenty-three teams participating in the Learning Collaboratives succeeded in generating \$4.9million in incremental revenue (fig 3). By selectively re-working claims and putting resources where the returns are greatest, by reducing lags and delays in the revenue system, by avoiding the re-work of faulty claims, the teams were not only able to streamline the revenue processes, but succeeded in creating accountability where it was lacking, and create lasting change in their organizations.

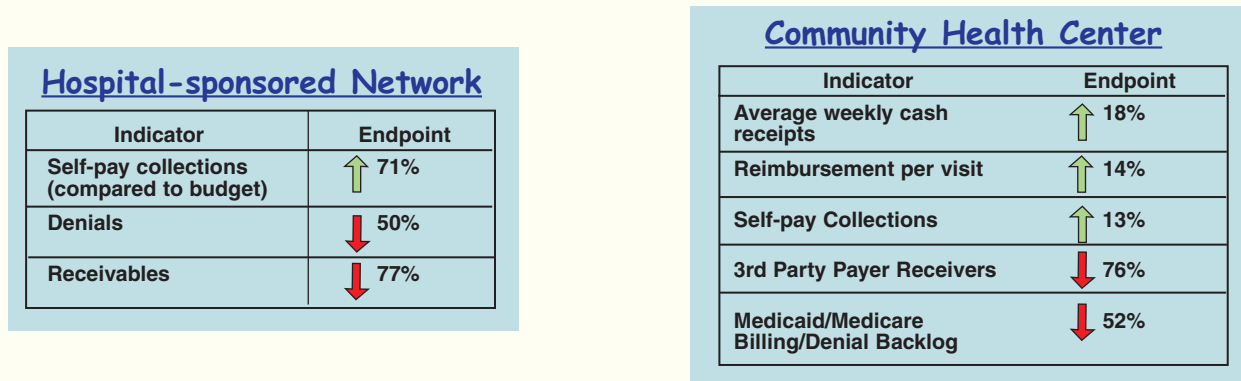


fig. 3

Reference:

1 *The Breakthrough Series: IHI’s Collaborative Model for Achieving Breakthrough Improvement.*, Institute for Healthcare Improvement, 2003

DON’T FORGET TO REGISTER FOR THESE UPCOMING NYAAC PROGRAMS

Monday, May 23, 2005
8:15 a.m. - 4:00 p.m.

**Common Senses:
A Practical Approach to
Customer Service
Delivery in Healthcare**

At the
New York Academy of Medicine
2 East 103rd Street, New York, NY

*This program is being co-sponsored with the
New York Association for Healthcare Quality*

Wednesday, June 1, 2005
5:30 – 8:00 pm

**The Current and Future Process
of the CON Process in New York**

at
New York Presbyterian Hospital
Weill Cornell Medical Center
1300 York Avenue & 69th Street
Uris Auditorium

*This program is being co-sponsored by the
New York Society for Health Planning*

For additional information or to register for these programs go to www.nyaac.org



NYAAC would like to welcome these members who have joined since 1/1/05

[Gina-Marie Bounds](#), *Clinical Practice Supervisor*, Memorial Sloan Kettering Cancer Center

[Mary Ann Brown](#), VHA Metro

[Karen Cherfils](#), *Graduate Student*, Drexel University, School of Public Health

[John W. Corwin](#), *Chief Executive Officer*, CHCANYS

[Melissa P. Dunn](#), *Director*, Community Health Initiatives and Health Systems, American Cancer Society

[Syed Ishaq](#), *National Director for Accreditation*, Somnia, Inc.

[Angel Laporte](#), *Project Executive*, Urban Health Plan, Inc.

[Jim Hee Lee](#), *AVP*, Long Island College Hospital

[Li H. Lin](#), *Administrator for Ambulatory Care*, New York Methodist Hospital

[Derika Peralta](#), *Practice Administrator*, Urban Horizons, Family Practice, Institute for Urban Family Health

[Samuel Ravanel](#), *Site Director*, Lutheran Family Health Centers/Park Ridge FHC

[Judy Safran](#), *Divisional Administrator*, NYU School of Medicine

[Rafael Salamanca](#), *Assistant to the Administrator*, Urban Health Plan, Inc.

[Karen T. Simon](#), *Nurse Manager*, Continuum Health

[Susan Sochalksi](#), *Ambulatory Care QM*, NYHHCS-NYVA

[Althea Williams](#), *Practice Manager*, South Nassau Communities Hospital

[Shirley Wiliams](#), *Coordinating Manager*, NYC Health and Hospitals Corporation

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Celebrate NYAAC

2004

Tavern on the Green



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**2004
Award Recipient
Dr. Benjamin Chu**

