



Summary
Community Health System 2020 Public Forum
May 29, 2008
Powers Building, 8th Floor Conference Room

Present: Stephen Ashley (Chair), Leonard Redon (Vice-Chair), Mark Cronin, Robert Dobies, Susan Holliday, the Rev. George Nicholas, Edward Pettinella, Thomas Richards, Robert Thompson

Absent: Nancy Adams, Gary Bonadonna, Bonnie DeVinney, H. Taylor Fitch, Thomas Flynn, John E. Garvey, Augustín Melendez, Michael R. Nuccitelli, Clayton Osborn

Staff: Fran Weisberg, Sally Trafton, Peggy Clark, Patricia Healey, Tori Toliver

Members of the Public: Bridgette Wiefling, MD*, Darren M. Hernandez*, Alfredo Gonzalez, Laurel Schultz*, Judy McMaster*, Sheila Gaddis, Elisa DeJesús, Don Bruner*, Joyce Zimowski, Michael Mulé*, Father Laurence Tracy*, the Rev. Roosevelt Dixon*, Diane A. Ashley, Sean Ossont, Wade Norwood, Elizabeth McDade (**addressed the Commission*)

WELCOME AND INTRODUCTIONS

Mr. Ashley welcomed the public on behalf of the 2020 Commission and introduced the Commissioners and FLHSA staff who attended the public forum. Mr. Ashley gave some opening remarks [Attachment 1] outlining the purpose of the 2020 Commission, its composition, charge, and the scope of the issues it is deliberating. Upon conclusion, Mr. Ashley asked that individuals limit their speeches to five minutes and provide the Commission with two written copies of their statements, which would be incorporated into the Commission's public record.

[Attachment 2 contains written statements given at the meeting from Ms. Schultz, Father Lawrence, and Dr. Wiefling. Mr. Mulé provided Commissioners with a flier on Latino Health, also included in Attachment 2].

PUBLIC COMMENT PERIOD

Ms. Laurel Schultz, a nursing supervisor from Unity Health System, spoke of her experiences of boarding patients as a nurse and a patient. Ms. Schultz stated she boards patients nightly in her capacity supervising admissions from 4 PM to midnight. Ms. Schultz cited the large elderly population of Greece and stated they often need to board elderly patients in Unity Hospital (Unity). While they try to keep patients as comfortable as possible, this is difficult. Ms. Schultz also noted there is also sizable baby boomer population entering the hospital and experiencing boarding. Ms. Schultz also described her recent experiences being boarded at Unity and Strong

Memorial Hospital (SMH). Ms. Schultz had been admitted to Unity before it was determined she needed open heart surgery at SMH. Ms. Schultz noted people speak of Rochester's three hospitals but it is important to realize that each hospital does specific things, e.g., open heart surgery, frequently requiring transport of patients. While at SMH, Ms. Schultz observed her roommate could not be transported to the ICU after being resuscitated for nearly one and a half hours because there were no free beds. Ms. Schultz concluded she is concerned about the effect of insufficient rooms on providers' ability to care for patients in a safe, comfortable, and dignified manner.

Father Laurence Tracy, a priest with the Roman Catholic Diocese of Rochester, addressed the Commission. Father Tracy currently serves on the Board of the Anthony L. Jordan Health Center and is a member of the FLHSA Latino Health Coalition. Father Tracy stated he has worked with the poor in the City of Rochester and migrant farm workers for 42 years. In his capacity, Father Tracy stated he visits approximately 25 to 35 Latinos in area hospitals every week. Father Tracy observed that over the past few years, it appears to him that money is increasingly being invested in hospital buildings. Father Tracy wonders if a concomitant sum is being invested in prevention and primary care to prevent admissions. Father Tracy believes such investments are needed at health centers, such as the Anthony L. Jordan Health Center, serving the poor. Father Tracy also believes such investment could have saved effective programs that served the poor, such as Lazos Fuertes, a joint venture between SMH and the Ibero-American Action League to serve the city's Spanish-speaking mental health needs. Father Tracy stated more health care dollars should be directed to mitigating health disparities between the poor and general population. Father Tracy also noted he witnesses a growing trend of "revolving door hospitalization" among poor Latinos.

Bridgette Wiefeling, MD, an Internal Medicine and Pediatrics-trained physician who completed her medical training at the University of Rochester Medical Center, and the current CEO of the Anthony L. Jordan Health Center, addressed the Commission. Dr. Wiefeling stated she brings the perspectives of a former resident, physician, and administrator to the issue of community bed need. Dr. Wiefeling stated it is accepted that the community needs new hospital beds, but the important questions are how many, where should they go, and how best to invest the community's money. Dr. Wiefeling stated as an administrator, she appreciates the FLHSA and 2020 Commission are trying to do health care planning and be proactive. Dr. Wiefeling organized her remarks into three categories: 1) beds, 2) decreasing admissions, and 3) incentivize prevention. First, Dr. Wiefeling stated there are multiple ways to increase bed capacity and quality of care. Bricks and mortar are one way, and facilitating discharges are another. Dr. Wiefeling gave examples of increasing the ratio of residents to patients, increasing nursing staff, and improving transitional placements to move people out of the hospital faster. Regarding decreasing admissions, Dr. Wiefeling suggested improving preventative health services, improving the outpatient infrastructure, and increasing the number of community-trained residents to help shore up the physician shortage. Dr. Wiefeling identified additional issues related to decreasing admissions, such as improving public transportation, centralizing services at health centers so patients don't have to travel long distances, improve insurance coverage, increase outpatient centers' hours of operation, encourage use of Visiting Nurse Services, and increase patient education of how to navigate the health care system and how to manage their health care plans. Finally, Dr. Wiefeling suggested the following tactics to incentivize prevention: encourage

more investment in preventative and primary care services, use reimbursement to motivate patients (e.g., tiered co-payments) and providers (e.g., outpatient care facilities reimbursement).

Darren M. Hernandez, a nurse and a member of the FLHSA Latino Health Coalition, addressed the Commission as both a nurse and a Latino resident of Rochester. Since arriving to Rochester, Mr. Hernandez has worked in a variety of settings, including Highland Hospital and SMH. Mr. Hernandez emphasized the need to support community health nursing, which could be accomplished by increasing providers' cultural competency. Mr. Hernandez stated there was a need for more beds, but there was also a need for better prevention efforts, patient education, and outreach efforts to keep people healthier and out of hospitals.

The Reverend Roosevelt Dixon, of Grace Unity Fellowship Church and a member of the FLHSA African American Health Coalition, addressed the Commission as the leader of an urban church. Rev. Dixon stated a major problem he sees is that people lack proper insurance coverage and care. Rev. Dixon stated it is difficult for many people to go to a primary care physician because they are unable to pay the co-pay. Rev. Dixon said that for many, if they can manage to pay the co-pay, the pharmacy bill takes away all of their money. Rev. Dixon stated most people with fixed incomes in Rochester can't afford to pay for medications. Rev. Dixon stated people need help. For example, many people are unable to leave work throughout the day and manage their pain or illness, but must seek help after hours. Keeping outpatient centers open longer than 5 PM could alleviate ED overcrowding. Rev. Dixon stated the Commission needs to get the hospitals to put money into assisting those without access to care instead of into capital and administration. Rev. Dixon stated people should get proper care even if they can't afford it.

Mr. Don Bruner, Executive Director of Black Men Latino Men Health Crisis (BMLMHC), asked the Commission whether there would be a comparable 2020 Commission addressing preventative health issues. Mr. Bruner questioned whether all of the estimated \$1 billion in investment would all be going toward acute care, because he believed the health coalitions and other community organizations were moving towards a prevention model. Mr. Bruner stated it is not clear if there is a partnership between acute care and prevention in the hospitals' proposals. Mr. Bruner stated it is no secret problems at the hospitals, such as overcrowding and lack of beds, need to be addressed. Mr. Bruner stated the infrastructure for acute care should include more minority personnel. Mr. Bruner stated more emphasis on prevention would reduce a need for acute care services.

Mr. Mike Mulé, an attorney with the Empire Justice Center and an expert on language access, stated it is impossible to access or receive quality health care if there are language or cultural barriers. Mr. Mulé noted Rochester has the highest population of Latinos, per capita, in New York State. Mr. Mulé also stated since Rochester is an Upstate refugee resettlement center, it has one of the largest refugee populations in the state. Westside Health Center provides services in 17 languages to address this issue. Mr. Mulé, noted, however, the hospitals often do not have this capability. Mr. Mulé stated many facilities lack a language access plan, which means staff cannot connect people to services. Mr. Mulé stated this detracts from prevention efforts, increases medical errors (e.g., 'once' in English is spelled the same as the number 11 in Spanish), and increases misuse of acute care services. Mr. Mulé stated Rochester also has one of the largest deaf and hard of hearing populations in the U.S., which is sometimes overlooked. Mr. Mulé

urged the Commission to consider Rochester's demographics in its decision making. Mr. Mulé stated Health and Human Services has regulations on language access and services. Mr. Mulé noted language data are unfortunately not tracked throughout health care interactions, making it difficult to assess need and gaps in service. Mr. Mulé emphasized implementation of language access plans is needed to prevent errors or hospitalizations. Mr. Mulé noted no national standards for the certification of language interpreters exist, which necessitates a regional approach.

Ms. Judy McMaster, a patient, stated she approached the 2020 Commission's charge as the 9/11 Commission paradigm in preparation for her talk. Ms. McMaster recalled the 9/11 Commission decried the nation's failure to anticipate the attacks as a failure of imagination, capabilities, and management. Ms. McMaster urged the 2020 Commission to consider these three areas in their deliberations. Under "Imagination", Ms. McMaster stated the Commission needs to look out to the horizon at other actions in health care delivery, such as the retirement community's increasing provision of care. Ms. McMaster stated the Rochester region will likely need to compete against medical tourism and the flight of Rochester residents to health care facilities outside the region by cutting costs. Ms. McMaster spoke of the need to change patients' behaviors and search for new models, such as the Community Health Workers program in Texas. Ms. McMaster suggested the Commission standardize sections of the three submitted CONAs to save money and spend more on prevention. Ms. McMaster questioned whether an ROI analysis had been done on past CONAs to monitor their effectiveness. Ms. McMaster stated there is a need to study the impact of violence and trauma on health, and that health education should reenter school curriculums. Regarding policy issues, Ms. McMaster noted the nation is at a crucial time with the presidential election. Ms. McMaster questioned whether the community can deal with different contingencies. Ms. McMaster suggested the FLHSA monitor prevention efforts and the cost savings flowing from these.. Ms. McMaster stated there must be accountability from the hospitals if new beds are to be added. In this vein, Ms. McMaster requested there be analyses of medical errors by diagnosis-related group (DRG, LOS by DRGs, in order to assess how patients are seen across systems, in in- and out-patient settings. Ms. McMaster also urged the creation of standardized criteria for the use of VIP rooms in hospitals. Regarding "Capabilities," Ms. McMaster stated the community needs to assess what it can do now. Ms. McMaster noted many insurers do not cover reimbursement for homecare or there is little choice for consumers. Ms. McMaster stated health literacy for those with a high school education is low, which is further compromised by language access issues. Ms. McMaster stated more support for caregivers is needed. Ms. McMaster stated chronic condition management is poor and requires more support. Ms. McMaster pointed out many standards of care exist and are not uniform across the hospitals. Under "Management," Ms. McMaster stated hours of service in outpatient centers should be analyzed across times, days, etc., to assess patterns and identify gaps and link discharge times with hours of service availability. Ms. McMaster stated the community needs more surge capacity for mass casualty situations. Ms. McMaster stated the need to improve indoor air quality and culture at the hospitals. Ms. McMaster stated the need to improve tracking of personal medical information across providers. Ms. McMaster cited negative pressure rooms need to be included in the CONAs requests for new beds. Ms. McMaster noted transfers within hospitals with new personnel at the transfer lengthens LOS and should be reduced. Drawing on personal experience, Ms. McMaster urged for more telephone support for patients and family caregivers. Ms. McMaster identified advances in telemedicine, particularly in rural communities and hard to access locations, could mitigate overcrowding in Rochester and other

urban areas. Ms. McMaster stated all neighborhood clinics need to be brought into play and that the University of Rochester needs to reach out to the clinics and bring its teaching resources to bear.

ADJOURN

The public forum closed at 7:40 AM. Mr. Ashley thanked everyone for attending.