B-HIP Final Report Appendix

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Appendix 1: B-HIP Timeline

March 1, 2009 – Official Project Start Date (Contract period 3/1/09 – 2/28/11)

July 31, 2009 – Execution by NYS Comptroller of B-HIP contract with State

November 2009 – First funding disbursement

January – March 2010 – Project Coordinator, Canvassing Study and Administrative Assistant hired

March 2, 2010 – First meeting of Steering Committee

April – June 2010 – B-HIP team visits to individual coalition partners

June 10, 2010 – 1st Coalition meeting

July 19, 2010 – Canvassing study launched

August 20, 2010 – Canvassing of providers in all 15 targeted zip codes completed

September 2010 – Request submitted to State for “no-cost” extension to September 2011

September 30, 2010 – IRB approvals from all 6 hospitals received for ED studies

November 18, 2010 – Mission and Vision approved at Coalition meeting

January 2011 – 1st round ED patient survey, part 2 completed

January 21, 2011 – Presentation of preliminary B-HIP findings to NYS DOH in Albany

March, 2011 – ED staff survey completed

April 28, 2011 – B-HIP staff meet again with NYS DOH in Albany for information sessions

June 2011 – Community Advisory Board formed

August 2011 – 2nd round ED patient survey completed

August 2011 – PI Grace Wong gave testimony to the Medicaid Redesign Team (MRT) Brooklyn Work Group

September 21, 2011 – B-HIP presentation to Brooklyn MRT

1st Quarter 2012 – Finalization of data analysis

2nd Quarter 2012 – Formulating recommendations as a group, aided by Community Advisory Board
Appendix 2: B-HIP Coalition Member Profiles

State University of New York (SUNY) Downstate Medical Center is the sponsor of the B-HIP. SUNY Downstate is one of the nation's largest urban medical centers and the only academic medical center for the nearly five million people living in Brooklyn, Queens, and Staten Island. SUNY Downstate includes Colleges of Medicine, Nursing and Health Related Professions, a School of Graduate Studies and a School of Public Health. The two clinical inpatient campuses, University Hospital of Brooklyn at Flatbush and University Hospital at UCH serve a very large and diverse population in the communities of Central and Northern Brooklyn. Numerous departments and offices contributed to the B-HIP including the Division of Managed Care and Clinical Business, Office of Planning and the School of Public Health.

The New York City Department of Health and Mental Hygiene (NYC DOHMH) is the local health department. Its mission is to conduct regulation, education and research aimed at improving the entire spectrum of local public health-related services. The DOHMH’s evidence-based approach to improving the health of New Yorkers continues to set the standard for national public health programs. NYC DOHMH is an important source of local health care information/statistics, and databases utilized by the B-HIP and its personnel have provided substantial expertise related to design/implementation of the Project’s research studies on community health care resources.

The Brooklyn Borough President’s Office (BBPO). The Brooklyn Borough President (Marty Markowitz) is an advocate for Brooklyn residents, representing the borough's interests and priorities within city government and at the state and federal level. His foremost policy priorities include finding effective ways to create more affordable housing, improve public education, eliminate health disparities, and keep crime down, while promoting economic development that expands opportunity for all residents. Among other things the Borough President works on the borough and citywide annual, reviews major land use decisions and proposes sites for city facilities within Brooklyn, and also convenes hearings to receive city agencies' testimony on issues of public concern. The BBPO has provided free meeting facilities to the B-HIP Coalition since the beginning of the project.

Hospital partners (SUNY Downstate Medical Center/University Hospital of Brooklyn, Kingsbrook Jewish Medical Center, Kings County Hospital Center, Interfaith Medical Center, Brookdale University Hospital & Medical Center, and Woodhull Medical & Mental Health Center) include six major medical centers serving Northern and Central Brooklyn. Each shares a primary mission of providing high quality medical care for patients. All are fully-licensed, Article 28 hospitals with ambulatory care, inpatient, and emergency department services.

Health plan partners are Healthfirst, HealthPlus/AmeriGroup, Aetna, Wellpoint/Empire BCBS, MetroPlus Health Plan, Emblem-HIP/GHI, Neighborhood Health Providers, 1199 NBF and United Health Care. The nine insurance company members include both commercial and Medicare/Medicaid plans. The basic mission for each organization is to finance high quality medical care for its members, in the most cost effective manner possible. The health plan partners’ databases of participating providers, members health utilization and associated charges have informed the B-HIP statistical analyses on preventable ED use and hospitalizations as well as primary care utilization.

Community health center partners are the Bedford Stuyvesant Family Health Center (BSFHC) and the Brownsville Multi-Service Family Health Center (BMS). The essential mission of both organizations is the provision of quality primary health care in community settings. Both are Federally Qualified Health Centers and have achieved Patient Centered Medical Home recognition by
the National Committee on Quality Assurance. Serving the residents of Bedford Stuyvesant, Crown Heights, Bushwick and Fort Greene for over 27 years, BSFHC offers comprehensive primary care and preventive services - including prenatal health, OB/GYN, chronic disease management, HIV/AIDS prevention and treatment, dental, pediatrics, and nutritional education. Serving Brownsville and Central Brooklyn since 1982, BMS provides and promotes integrative and high quality medical, dental, and social services to enable every individual and family in the communities it serves to achieve total health.

The Brooklyn Chamber of Commerce. As a community that supports and advocates for its member businesses, the BCC’s mission is to promote a healthy and robust business environment in Brooklyn by advancing public policy, new technologies, products, services and programs that support and promote a vibrant local economy.

Brooklyn Congregations United (BCU). Founded in 2007, BCU is a multi-ethnic, congregation-based community organization developing powerful grassroots community leaders and building strong relational networks within and among congregations to change conditions for families in Brooklyn in particular health care. Its coalition includes faith-based Local Organizing Committees from 22 member congregations comprised of 10,000 congregants across Brooklyn.

Brooklyn Perinatal Network (BPN). Established in 1988, BPN is a network of community organizations committed to improving the health and well-being of youth and families through linkage to culturally appropriate services to optimize health. BPN enables at-risk residents to access vital information, coordinate care, supportive health and social supportive services and secure public health benefits. BPN also facilitates collaboration and partnership to coordinate services and affect public policy.

CAMBA. Based in Central Brooklyn CAMBA is a non-profit agency that provides services that connect people with opportunities to enhance their quality of life. Established in 1977, CAMBA serves more than 35,000 individuals and families, including 8,000 youth, each year, providing family support services, HIV/AIDS services, housing and economic development, education and youth development, and legal services.

Caribbean American Chamber of Commerce (CACCI). Founded in 1985, CACCI is a statewide membership organization with expertise in providing business assistance to small and start-up business owners, in areas of business planning, financing, and certification.

Caribbean American Women’s Health Association (CWHA). For three decades CWHA has provided comprehensive and culturally-sensitive health, immigration and social support services to low income, minority and immigrant women and families in Brooklyn. CWHA also serves as an advocacy group and strongly relies on community involvement in planning, implementation and evaluation of programs that meet the community’s health and social support needs.

The Christopher Blenman and St. Gabriel’s Senior Centers are both fully licensed senior centers located in Brooklyn. Each has a core mission of promoting the health and well-being of senior citizens served through their programs. These programs’ personnel and clients provided unique perspectives concerning ED/primary care issues pertinent to senior citizens.

The Coalition of Behavioral Health Agencies, Inc. is the umbrella advocacy organization of New York's behavioral health community. It represents over 100 non-profit community based behavioral health agencies serving more than 350,000 clients in the five boroughs of New York City and beyond. Founded in 1972, the Coalition provides advocacy, training and technical assistance projects.
Local Community Boards (CBs). There are 59 of these local representative boards throughout the New York City and 18 in Brooklyn. CB members are selected by the Borough Presidents and City Council from among active, involved people of each community, with an effort made to assure that every neighborhood is represented. Meetings occur monthly, are open to the public and a portion of each meeting is reserved for the CB to hear from members of the public. The CBs also regularly conduct public hearings on various issues to solicit community input.

Novartis Pharmaceuticals Corporation. A US affiliate of Basel, Switzerland-based company, Novartis researches, develops and markets patent-protected prescription drugs for important health needs. Novartis believes that all Americans deserve access to quality health care, including prescription medicines, education about their disease or condition, and information on the medicines they take.

The Primary Care Development Corporation (PCDC). PCDC is a not-for-profit organization dedicated to expanding access to timely, effective primary and preventive care by providing capital investment, performance improvement, consulting and training services to primary care providers in underserved communities. PCDC also leads and supports successful policy initiatives that increase access to quality primary care, improve the health of communities, and lower health system cost.

United Hospital Fund (UHF). Founded in 1879, the UHF is a nonprofit health services research and philanthropic organization whose primary mission is to shape positive change in health care for the people of New York. The Fund has played a central role in addressing critical health care issues facing New York, and in the founding of many of the organizations and institutions that today help define the city’s health care landscape, including the Greater New York Hospital Association, Empire BlueCross BlueShield, United Way of New York City, and the New York Blood Center. More recently, the Fund has supported the creation of PCDC, New York City AIDS Fund, New York Society for Health Planning, and New York Cares.

WCBS Community Partnerships. WCBS works with non-profit organizations, government agencies and socially responsible private sector companies to create multi-media campaigns designed to influence the voluntary behavior of target audiences, tailored to the unique perspective, needs, and experiences of each target audience for the purpose of inducing social change in order to improve their personal welfare and that of their society.
Appendix 3: B-HIP Staff – Includes in-kind as well as paid

Present Staff:
Kim Brown, Assistant to the Vice President, Office of Planning
Lori Bruno, MPA, Associate for University Planning
Eleanor Chin-Wardwell, MBA, Researcher/Analyst
Dorothy Fyfe, MPA, Co-Investigator
Michael Gusmano, PhD, Consulting
Michael Lucchesi, MD, MPH, Adviser
Nkiruka Nwokoye, JD, Project Coordination Support
John Trombley, MPP, Sr. Financial Analyst
Nancy Victor, MHS, MPA, Senior Planning Associate
John Vona, GIS Programmer
Dan Weisz, MD, MPA, Senior Researcher
Grace Wong, MBA, MPH, Principal Investigator

Former Staff:
Latasha Allen, MPH, Planning
Howard Berliner, ScD, Researcher
Vincent Brewington, Grant Writer
Robb Burlage, PhD, Project Director,
Russell Flood, MD, Adviser
Jordana Kritzer, MD, Community Organizer, Analyst
Priya Pasram, MPH, Project Coordinator
Marcia Pinkett-Heller, MPH, Group Discussion Facilitator
Paule Seide, Administrative Assistant
Jeanne Stellman, PhD, Co-Investigator
Canvassers
ED Surveyors
Appendix 4: Compact Disc

Contains:

1. Canvassing Project Provider Directory for Northern and Central Brooklyn

2. B-HIP GIS Files/Data Warehouse

List of GIS Files¹

A. **Focus Study Area** - created from the boundaries of 15 United States Postal Service Zip Codes. The source zip code data was obtained from the New York State GIS Clearinghouse. [http://gis.ny.gov/](http://gis.ny.gov/)

B. **Hot Spots** - created from the boundaries of the 2010 United States Census Tracts. The tracts were chosen based on highest ACSC Rates of Total Admissions and then checked against ACSC Rates of ED Visits that formed into a cluster in an area. The source census tract boundaries are at [http://www.census.gov/](http://www.census.gov/)

C. **Canvas Data** - created by geocoding the address table of all canvassed locations. The geocoding service used to perform this function was provided by the New York City Department of City Planning LION street file. This file was created by B-HIP. [http://www.nyc.gov/html/dcp/](http://www.nyc.gov/html/dcp/)

D. **Institutional Data** (Hospital/Clinic Affiliated) - created by geocoding the address table of all surveyed Hospital locations. This table was created by B-HIP.

E. **Disease Types** - created from New York State SPARCS data addresses that were geocoded to the New York City Department of City Planning LION street file and then clipped to the 2010 United States Census Tracts. This file was created by B-HIP.

F. **Insurance Types** - created from New York State SPARCS data addresses that were geocoded to the New York City Department of City Planning LION street file and then clipped to the 2010 United States Census Tracts. This file was created by B-HIP.

G. **2010 Census Data** - census tract boundaries and demographics data were downloaded from the United States Census Bureau. Tables were joined by tract numbers for population and income data. [http://www.census.gov/](http://www.census.gov/)

GIS Methodology

A Geographic Information System (GIS) integrates hardware, software, and data for capturing, managing, analyzing, and displaying all forms of geographically referenced information. GIS allows

¹ All shapefiles provided are spatial located in coordinate system NAD 83 State Plane New York Long Island FIPS 3104 Feet
us to view, understand, question, interpret, and visualize data in many ways that reveal relationships, patterns, and trends in the form of maps, globes, reports, and charts.\(^2\)

The GIS files created and used for the B-HIP were produced from various software packages: Microsoft Access, Microsoft Excel, IBM SPSS and ESRI ArcGIS. All of the data was fed into an ESRI geo-database for spatial location into state plane coordinates for visualizing onto a map of Brooklyn, New York.

The methodology used to create these GIS layers included tracing of the 15 US Postal Zip Code boundaries to determine the focus study area. In addition, we geocoded the address points of SPARCS data based on the New York Department of City Planning LION street layer. The resulting point file was then clipped to the 2010 US Census Tract boundaries. Frequencies were then run in SPSS to determine the ACSC rates based on census tracts using 2010 population figures. Disease rates and insurance types were also determined using this same methodology. By mapping these rates, we were able to determine high need areas geographically on the map and determine our Hot Spot locations.

Canvassing and Institutional data was entered into an Access database and then geocoded using the same method for locating each provider location.

\(^2\) [http://www.esri.com/what-is-gis/overview.html]
Appendix 5: Canvassing and ED Survey Instruments
FOLLOW UP NEEDED:  □ Office Closed  □ Refusal to Participate  □ Other  

Practice Name:  **Collect a Business Card**

Address: ____________________________  Email: ____________________________

Cross Street: ____________________________  Phone: ____________________________

Secondary Number: ____________________________  Fax: ____________________________

TRANSPORTATION ACCESSIBILITY  By Car (check all that apply):  □ Parking Lot  □ Street Parking

Wheelchair access:  □ Yes  □ No

I AM GOING TO ASK A FEW QUESTIONS ABOUT YOUR OFFICE CHARACTERISTICS

1. What is the type of Practice?

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>□</td>
<td>Medicine</td>
</tr>
<tr>
<td>□</td>
<td>Family Practice / General Practice</td>
</tr>
<tr>
<td>□</td>
<td>Women’s Health</td>
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<tr>
<td>□</td>
<td>Pediatrics</td>
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<tr>
<td>□</td>
<td>Surgery</td>
</tr>
<tr>
<td>□</td>
<td>Podiatrist - Foot Specialist</td>
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<tr>
<td>□</td>
<td>Vision</td>
</tr>
<tr>
<td>□</td>
<td>Physical Rehabilitation Center</td>
</tr>
<tr>
<td>□</td>
<td>Drug Addiction Treatment (Substance Abuse)</td>
</tr>
<tr>
<td>□</td>
<td>Behavioral / Mental Health</td>
</tr>
<tr>
<td>□</td>
<td>Acupuncture</td>
</tr>
<tr>
<td>□</td>
<td>Chiropractor</td>
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<tr>
<td>□</td>
<td>Pharmacy</td>
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<td>□</td>
<td>Radiology</td>
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<td>□</td>
<td>Laboratory</td>
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<td>□</td>
<td>Herbalist</td>
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<tr>
<td>□</td>
<td>Botanica</td>
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<tr>
<td>□</td>
<td>Other ____________________________</td>
</tr>
</tbody>
</table>

If one of these is selected, please move on to Question 2.

If one of these is selected, please move on to Question 5.

If one of these is selected, please move on to Questions 6 through 9 and end the Survey.

If one of these is selected, please move on to Questions 7 through 9 and end the Survey.

If one of these is selected, please move on to Questions 8 through 9 and end the Survey.
2. Would you describe the practice as a:

- [ ] Solo Practice
- [ ] Shared Office Space
- [ ] Single Specialty Partnership or group practice
- [ ] Multi-specialty partnership or group practice
- [ ] Other: _______________________

3. What types of specialty care does your practice offer On SITE? (check all that apply)

- [ ] Allergy/immunology
- [ ] Behavioral health
- [ ] Cardiology
- [ ] Dermatology
- [ ] Endocrinology
- [ ] ENT (Ear, Nose and Throat)
- [ ] Gastroenterology
- [ ] Gynecology / Women’s Health
- [ ] Hematology/oncology
- [ ] Infectious disease
- [ ] Internal Medicine
- [ ] Mental health
- [ ] Nephrology
- [ ] Neurology
- [ ] Nutrition
- [ ] Ophthalmology
- [ ] Orthopedics
- [ ] Pediatrics
- [ ] Podiatry (for diabetes patients)
- [ ] Psychiatry
- [ ] Pulmonology
- [ ] Substance abuse
- [ ] Surgery (type_______________________)
- [ ] Surgery (type_______________________)
- [ ] Urology
- [ ] Other _________________________
- [ ] Other _________________________
- [ ] Other _________________________
- [ ] Other _________________________
- [ ] Other _________________________

4. What diagnostic procedures do you offer ON-Site? (check all that apply)

- [ ] CT (computed tomography) scan
- [ ] X-ray
- [ ] MRI (Magnetic Resonance Imaging)
- [ ] Ultrasound
- [ ] Mammography
- [ ] Colposcopy
- [ ] Blood Drawing
- [ ] Specimen Collection – Hair
- [ ] Specimen Collection – Skin
- [ ] Specimen Collection – Stool
- [ ] Specimen Collection – Urine
- [ ] Sample Testing – Blood analysis
- [ ] Sample Testing – Urine analysis
- [ ] EGD ( Esophagogastroduodenoscopy)
- [ ] Colonoscopy
- [ ] Sigmoidoscopy
- [ ] Carotid Doppler
- [ ] Echo Cardiogram
- [ ] EKG
- [ ] Lower Extremity Doppler
- [ ] Nuclear/Pharmacological Stress Echo
- [ ] Stress Test
- [ ] Other _________________________
- [ ] Other _________________________
- [ ] Other _________________________
- [ ] Other _________________________
5a., 5b. & 5c. What is the make up of your provider staff?

**Please select all that apply**

<table>
<thead>
<tr>
<th>Type</th>
<th>How many of each on Staff?</th>
<th>How many hours per week total do they ALL see patients?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD Medical Doctor</td>
<td></td>
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<tr>
<td>DO Doctor of Osteopathic Medicine</td>
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<tr>
<td>FNP Family Nurse Practitioner</td>
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<tr>
<td>NP Nurse Practitioner</td>
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<tr>
<td>PA Physicians Assistant</td>
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<tr>
<td>MSN Master Nursing</td>
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<tr>
<td>RN Nurse</td>
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<tr>
<td>LPN Licensed Practical Nurse</td>
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<tr>
<td>Medical Assistant</td>
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<tr>
<td>DDS Doctor of Dental Surgery</td>
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<tr>
<td>DMD Doctor of Dental Medicine</td>
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<tr>
<td>Optometrist</td>
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<tr>
<td>Optician</td>
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<tr>
<td>DPMs Podiatrist</td>
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<tr>
<td>Rehabilitation Therapist (substance abuse)</td>
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<tr>
<td>LMSW Licensed Master of Social Worker</td>
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<tr>
<td>LCSW Licensed Clinical Social Worker</td>
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<td>Psychotherapist</td>
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<tr>
<td>PT Physical Therapist</td>
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<tr>
<td>DPT Doctor Physical Therapist</td>
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<tr>
<td>OT Occupational Therapist</td>
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<td>DC (chiropractor)</td>
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<td>LAc (acupuncture)</td>
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<tr>
<td>Dietician</td>
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<td>Other (1) __________________________</td>
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<td>Other (4) __________________________</td>
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</tbody>
</table>
6. Does your practice/pharmacy provide vaccinations?

- Yes, all year
- Yes, seasonally (i.e. Flu)
- No
- Does not apply

7. What languages other than English are spoken by your **Clinical staff**? CHECK ALL THAT APPLY

- Spanish
- Arabic
- Farsi
- Polish
- French
- Bangla
- Greek
- Russian
- Haitian Creole
- Chinese-Cantonese
- Hindi
- Urdu
- Hebrew
- Chinese-Mandarin
- Korean
- Yiddish
- Sign Language
- Other___________

8. What languages other than English are spoken by your **NON-clinical staff**? CHECK ALL THAT APPLY

- Spanish
- Arabic
- Farsi
- Polish
- French
- Bangla
- Greek
- Russian
- Haitian Creole
- Chinese-Cantonese
- Hindi
- Urdu
- Hebrew
- Chinese-Mandarin
- Korean
- Yiddish
- Sign Language
- Other___________

9. What are your days and hours of operation (appointment hours)?

<table>
<thead>
<tr>
<th>DAY</th>
<th>Open AM</th>
<th>Open PM</th>
<th>Close AM</th>
<th>Close PM</th>
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</tbody>
</table>

10. Approximately how many patients/clients does your practice/office see in a WEEK? _________

For Pharmacies ONLY!

6b. Does your Pharmacy have a primary care clinic?

- Yes
- No
NOW I WOULD LIKE TO ASK A FEW QUESTIONS ABOUT YOUR OFFICE POLICIES

--- THESE QUESTIONS SHOULD ONLY BE ASKED AT OFFICES

11. Approximately how many patients a week are same day appointments? ______________

12. Approximately how many patients a week are walk-ins (patients who come in without an appointment)? ______

13. What insurance plans do you accept? CHECK ALL THAT APPLY

- [ ] 1199 SEIU NBF
- [ ] AETNA
- [ ] AFFINITY
- [ ] AIM
- [ ] AMERICHoice
- [ ] AMERIGroup
- [ ] AMIDA Care (VIDACARE)
- [ ] ATLANTIS
- [ ] BEACON Health Strategies
- [ ] CARE CORE
- [ ] CIGNA
- [ ] DORAL DENTAL
- [ ] EBCBS (Empire Blue Cross & Blue Shield)
- [ ] ELDERPLAN
- [ ] EMBLEM – GHI
- [ ] EMBLEM – HIP
- [ ] FIDELIS
- [ ] FIRST HEALTH
- [ ] HEALTH PLUS
- [ ] HEALTHFIRST
- [ ] HEALTHNET
- [ ] MAGNA HEALTH
- [ ] Medicaid
- [ ] Medicare
- [ ] METROPLUS
- [ ] NEIGHBORHOOD HLTH PROVIDERS
- [ ] OXFORD Freedom
- [ ] OXFORD Liberty
- [ ] PHCS/ MULTIPLAN
- [ ] TOUCHSTONE
- [ ] TRICARE
- [ ] UNITED HC
- [ ] UNITED HC EMPIRE PLAN
- [ ] WELLcare
- [ ] OTHER: Please Specify _________________________
- [ ] FIRST HEALTH
- [ ] DO NOT ACCEPT INSURANCE

14. Is your practice accepting new patients?  
   - [ ] Yes, with insurance  
   - [ ] Yes, regardless of insurance  
   - [ ] No

15. How long does it take to get the first appointment (for new patients)?

   - [ ] 1 day
   - [ ] Within one week
   - [ ] 1 Week (7 days)
   - [ ] 2 Weeks (14 days)
   - [ ] 3 Weeks or more (21 or more days)
16. Where do your doctors have admitting privileges? **CHECK ALL THAT APPLY**

| ☐ Beth Israel Medical Center – Kings | ☐ Lutheran Medical Center |
| ☐ Brookdale University Hospital | ☐ Maimonides Medical Center |
| ☐ Brooklyn Children’s Center | ☐ New York Community Hospital |
| ☐ Brooklyn Hospital Ctr – Downtown | ☐ New York Methodist Hospital |
| ☐ Coney Island Hospital | ☐ SUNY Downstate at Bay Ridge Urgent Care Center |
| ☐ Interfaith Medical Center | ☐ University Hospital of Brooklyn SUNY Downstate |
| ☐ Kings County Hospital Center | ☐ VA New York Harbor Healthcare System |
| ☐ Kingsborough Psychiatric Center | ☐ Woodhull Medical & Mental Health Center |
| ☐ Kingsbrook Jewish Center | ☐ Wyckoff Heights Medical Center |
| ☐ Long Island College Hospital | ☐ Other, please specify: __________________________ |
| ☐ No admitting privileges in Brooklyn | }
First I am going to ask a few questions to find out a little bit about you. Note this survey is completely anonymous.

1. Who are you here for? (tell us as many as apply)
   a. ☐ Yourself
   b. ☐ My Child
   c. ☐ My Spouse
   d. ☐ A Relative: Cousins/ Aunt/ Uncle/ Parents/ Grand-Parents/ Niece/ Nephew / In-law / Sibling
   e. ☐ My Employer: I work as a Nurse’s Aide or Home Healthcare Attendant
   f. ☐ Other, please specify____________________

2. Record Sex: get from board if available  a. ☐ Female       b. ☐ Male

3. Can you share your age? How old is the patient? Get from board if available
   a. ☐ Under 18
   b. ☐ 18 - 24
   c. ☐ 25 – 44
   d. ☐ 45 – 64
   e. ☐ 65 – 74
   f. ☐ 75  and Over
   Z. ☐ Prefer not to answer

4. Would you consider yourself to be of Hispanic, Latino, or Spanish Origin
   a. ☐ Yes – Mexican Am., Chicano
   b. ☐ Yes – Puerto Rican
   c. ☐ Yes – Dominican
   d. ☐ Yes – Other Hispanic, Latino, or Spanish Origin, please specify____________________
   x. ☐ No – Not Hispanic, Latino, or Spanish Origin
   z. ☐ Prefer not to answer

5. What race/ethnicity do you consider yourself? (Does the patient identify with)?
   a. ☐ Black or African Am..
   b. ☐ White
   c. ☐ American Indian or Alaska Native
   d. ☐ Asian
   e. ☐ Asian Indian or South East Asian
   f. ☐ Other, please specify
   Z. ☐ Prefer not to answer

6. In addition to English, what language do you speak at home?
   a. ☐ Spanish
   b. ☐ French
   c. ☐ Haitian Creole
   d. ☐ Arabic
   e. ☐ Chinese
   f. ☐ Russian
   g. ☐ Urdu
   h. ☐ Yiddish
   i. ☐ Other, please specify _______________
   x. ☐ Only speak English at home
   z. ☐ Prefer not to answer
7. Were you (the patient) born in the US?
   a. ☐ Yes
   b. ☐ No, other Country: ____________________________
z. ☐ Prefer not to answer

8. Do you live in Brooklyn?
   a. ☐ Yes, please tell what neighborhood___________________________
z. ☐ Prefer not to answer
   b. ☐ No, please tell us where ______________________________

9. How long have you lived at your current address?
   a. ☐ Under one Year
   b. ☐ 1 to 5 Years
   c. ☐ More than 5 Years
      __________
      Skip to question 11 if chosen
   x. ☐ I do not have a permanent address (go to 11)
z. ☐ Prefer not to answer (go to 11)

d. ☐ Prefer not to answer (go to 11)

10. How many addresses have you lived at in the last 3 years? _________

11. Do you have health insurance?  We are not taking your name or any information to identify you – your answer will not be shared and will not affect your treatment in any way.
   a. ☐ Yes - Medicare
   b. ☐ Yes - Medicaid
   c. ☐ Yes - Medicaid Managed Care
   d. ☐ Yes - Family Health Plus
   e. ☐ Yes - Child Health Plus
   f. ☐ Yes - Other Insurer, please specify: ______________________________
x. ☐ No, I do not have health coverage.
z. ☐ Prefer not to answer

Now I would like to ask a few questions on how you get/receive healthcare.

12. Do you have a Primary Care Physician (PCP)/Family Doctor?
   a. ☐ Yes - I have one but I do not use him/her.
      I. (probe gently – record verbatim) Why not_______________________________
   b. ☐ Yes
      I. Please tell us the name if known: ______________________________
   II. Can you share the address: __________________________________________
   c. ☐ I don’t know
   x. ☐ No
  z. ☐ Prefer not to answer

13. If this ER was not available, where else would you go? (check all that apply)
   a. ☐ Primary Care Physician
   b. ☐ Walk-in Specialty Clinic
   c. ☐ Urgent Care Center ______________________________
   d. ☐ Ambulatory Care Center ______________________________
   e. ☐ Another ER ______________________________
   f. ☐ Other, explain ______________________________
x. ☐ Nowhere, I have nowhere else to go
  z. ☐ Prefer not to answer

Note to Surveyor: If you do not understand/recognize the facility the respondent gives, probe for more clarity. For instance, if they say Bayside, ask, “What kind of facility is Bayside?” In the event that there is no clarity, try to get the full name and address of the place and write it in the OTHER category.
14. Why did you come to the ER for care instead of seeing another doctor? (choose only one)

*Wait for their answer then clarify if necessary: “so you would say it is because of…”*

- [ ] I do not have a Primary care Physician
- [ ] This is where I come for my care
- [ ] This was an emergency
- [ ] Told to come here by ____________________________ My PCP/Doctor
- [ ] Told to come here by ____________________________ Nurse
- [ ] I could not reach my PCP/Family Doctor ____________________________ Office closed.
- [ ] I couldn’t get to see my PCP______________________________ too long for appointment
- [ ] It is cheaper than my PCP/Doctor
- [ ] I wanted a second opinion
- [ ] Other, please specify (verbatim): _______________________________________________________
- [ ] Prefer not to answer

15. Why did you decide to come to this Emergency Room for care? (check only one)

*Wait for their answer then clarify if necessary: “so you would say it is because of…”*

- [ ] I had no other choice, Ambulance brought me (if chosen, skip to question 17).
- [ ] Closest Hospital to me
- [ ] Good Reputation/ Well known
- [ ] I came here because I have no health insurance
- [ ] I always come here
- [ ] My medical records are at this hospital
- [ ] My doctor told me to go to this ER
- [ ] Past Experience with this hospital
- [ ] Wait time here is shorter
- [ ] Other, please explain (verbatim): _______________________________________________________
- [ ] Prefer not to answer

16. How did you get to the hospital/Emergency Room?

- [ ] Ambulance Brought Me
- [ ] Walked here
- [ ] Took Public Transportation (Bus/Train)
- [ ] By car (includes: rides from family/ taxi/ car service/ driving themselves)

17. If you are comfortable with this, can you share with me the main medical reason(s) you came to the emergency room? (they may choose up to 3)

- [ ] Accident
- [ ] Alcohol/Drug Use
- [ ] Breathing problems
- [ ] Chest Pain
- [ ] Tooth ache
- [ ] You were hurt by someone
- [ ] Fever
- [ ] Joint or Muscle Pain
- [ ] Headache, Dizziness
- [ ] Maternity Care
- [ ] Need a prescription filled or refilled
- [ ] Skin Rash or Skin Problem
- [ ] Sore Throat
- [ ] Stomach pains
- [ ] Surgery Follow up
- [ ] Other, please explain: ____________________

**LAST Question**

18. Is there a Walk in Clinic in your neighborhood?

- [ ] Yes, please tell us the name if know: ______________________________________________________
- [ ] No
- [ ] I don’t know
First I am going to ask a few questions to find out a little bit about you. Note: This survey is anonymous – you do not have to give your name.

1. Who are you here for? (tell us as many as apply)
   - Yourself
   - My Child
   - My Spouse
   - A Relative: (Cousins/ Aunt/ Uncle/ Parents/ Grand-Parents/ Niece/ Nephew / In-law / Sibling)
   - My Employer:
     - I work as a Nurse’s Aide or Home Healthcare Attendant
   - Other, please specify____________________

2. Sex of Patient:  □ Female  □ Male  □ Unknown ____________

3. Can you share your (the patient’s) age?
   - Under 18
   - 18 - 24
   - 25 – 44
   - 45 – 64
   - 65 – 74
   - 75 and Over
   - I don’t know
   - Prefer not to answer
   
   If under 18, ask exact age:
   __________ months / ________ years

4. Would you consider yourself (the patient) to be of Hispanic, Latino, or Spanish Origin?
   - Yes – Puerto Rican
   - Yes – Dominican
   - Yes – Panamanian
   - Yes – Mexican Am., Chicano
   - Yes – Other please specify____________________
   - No – Not Hispanic, Latino, or Spanish Origin
   - I don’t know
   - Prefer not to answer

5. What race do you consider yourself (Does the patient identify with)?
   - American Indian/ Alaska Native
   - Asian / Pacific Islander (i.e Chinese)
   - Asian Indian/ South East Asian/ East Indian
   - Black
   - White
   - Mixed Race/More than one race
   - Other, please specify____________________
   - I don’t know
   - Prefer not to answer

6. In addition to English, what language do you (the patient) speak at home?
   - Arabic
   - Bangla (Bengali)
   - Chinese
   - French
   - Haitian Creole
   - Russian
   - Spanish
   - Sign Language
   - Other: ________________________
   - ONLY speak ENGLISH (skip to Q7)
   - I don’t know
   - Prefer not to answer

> > > 6b. What is the main language you speak at home? ________________________
7. Were you (the patient) born in the US?

- Yes
- No, other Country: __________________________
- I don’t know
- Prefer not to answer

8. Do you (the patient) live in Brooklyn?

- Yes, please tell the Neighborhood & Zip Code:
  __________________________________________
- No, please tell us where _________________________
- I don’t know
- Prefer not to answer

9. How long have you (the patient) lived at your current address?

- Under one Year
- 1 to 5 Years
- More than 5 Years (skip to Q11)
- I (the patient) do not have a permanent address
- I don’t know
- Prefer not to answer

10. How many addresses have you (the patient) lived at in the last 3 years? ___
- Prefer not to answer
- I don’t know

11. Do you (the patient) have health insurance? We are not taking your name or any information to identify you – your answer will not be shared and will not affect your treatment in any way.

- Yes - Medicare
- Yes - Medicaid
- Yes - Medicaid Managed Care
- Yes - Family Health Plus
- Yes - Child Health Plus
- Yes - Other Insurer, please specify: __________________________
- No, I do not have health coverage.
- I don’t know
- Prefer not to answer

NOW I WOULD LIKE TO ASK A FEW QUESTIONS ON HOW YOU GET/RECEIVE HEALTHCARE.

12. Do you have a Primary Care Physician (PCP)/Family Doctor?

- No
- I don’t know if I have a PCP/Family doctor
- Prefer not to answer question

- Yes
  > Can you tell me the name of your PCP? __________________________
  > Can you share the Address? __________________________
  >> When did you last see your PCP? __________________________

  IF WITHIN LAST 12 MONTHS SKIP TO Q13

>>> 12b. GENTLY PROBE TO FIND OUT WHY. i.e. “WHY HAVEN’T YOU SEEN YOUR DOCTOR?”

- I haven’t been ill
- Prefer not to answer
- I don’t use him/her because __________________________
13. If this ER was not available, where else would you (the patient) go? (check all that apply)

If you do not recognize the facility, probe for more clarity. i.e.: if they answered BAYRIDGE, ask, “What kind of facility is BAYRIDGE?” In the event that there is no clarity, try to get the full name and address and write it in the OTHER category.

☐ Primary Care Physician
☐ Walk-in Specialty Clinic
☐ Urgent Care Center
☐ Ambulatory Care Center
☐ Another ER __________________________________________________________________________
☐ Other, explain _________________________________________________________________________
☐ Nowhere, I have nowhere else to go
☐ I don’t know
☐ Prefer not to answer

> > > 13b: Where (in what type of setting) do you (the patient) prefer to get your healthcare?

☐ Here (this ER)
☐ ER (any ER)
☐ PCP/Family Doctor
☐ Clinic/Health Center: _____________________
☐ Other:  _____________________
☐ Does not matter to me
☐ I don’t know
☐ Prefer not to answer

14. Why did you (the patient) come to the ER for care instead of seeing another doctor? (check up to 3)

Wait for the answer then clarify if necessary. If they share only one reason, ask them if there were any other reasons...

a) ☐ I do not have a Primary care Physician
b) ☐ This is where I come for my care
c) ☐ This was an emergency
d) ☐ I have no health insurance
e) ☐ Convenience
f) ☐ Told to come here by ________________My PCP/Doctor
g) ☐ Told to come here by ________________Nurse
h) ☐ I could not reach my PCP/ Doctor. Office closed.
i) ☐ I couldn’t get to see my PCP. Wait too long for appointment.
j) ☐ It is cheaper than my PCP/Doctor
k) ☐ I wanted a second opinion
l) ☐ Follow UP visit
m) ☐ Other, please specify (verbatim):____________________
x) ☐ I don’t know
z) ☐ Prefer not to answer

> > > 14b. What is the main reason? ______________________________________________________

15. Why did you (the patient) decide to come to this Emergency Room for care? (check up to 3)

Wait for the answer then clarify if necessary. If they share only one reason, ask them if there were any other reasons...

a) ☐ No other choice, Ambulance brought me (skip Q16).
b) ☐ Closest Hospital to me
c) ☐ Good Reputation/ Well known
d) ☐ I came here because I have no health insurance
e) ☐ I always come here
f) ☐ My medical records are at this hospital
g) ☐ My doctor told me to go to this ER
h) ☐ Past Experience with this hospital
i) ☐ Wait time here is shorter
j) ☐ Other, please explain (verbatim): ______________________
x) ☐ I don’t know
z) ☐ Prefer not to answer

> > > 15b. What is the main reason? ______________________________________________________

16. How did you (the patient) get to the hospital/Emergency Room?

☐ Ambulance Brought Me
☐ Walked here
☐ Public Transportation (Bus/Train/ Access a Ride)
☐ By car (Personal Car / Ride from Family / Friend / Taxi / Car service)
☐ Other: _____________________________________________________________________________
17. If you are comfortable with this, can you share with me the main medical reason(s) you (the patient) came to the ER? (check up to 3)

☐ Accident
☐ Alcohol/Drug Use
☐ Breathing problems
☐ Chest Pain
☐ Flu/Cold
☐ Headache, Dizziness
☐ (You/Patient were) Hurt by someone
☐ Joint or Muscle Pain
☐ Maternity Care
☐ Need a prescription filled or refilled
☐ Skin Rash or Skin Problem
☐ Sore Throat
☐ Stomach pains
☐ Surgery Follow up
☐ Toothache
☐ Other, please explain: ______________________________________________________________________

☐ I don’t know
☐ Prefer not to answer

> > > 17b. How long have you (the patient) been sick or hurt with the health problem that brought you here today?
[The duration of symptoms for the problem that actually caused the patient to come to the ER today.]

☐ Under 3 hours
☐ 3 – 6 hours
☐ 6 – 12 hours
☐ 12 – 24 hours
☐ 25 – 48 hours
☐ 3 – 7 Days
☐ A week to a month
☐ 6 months to a year
☐ Several years
☐ Less than 3 months (>1)
☐ I don’t know

> > > 18. Did you (the patient) talk to a medical professional before coming here today? *** MAKE SURE THEY SPOKE TO A MEDICAL PROFESSIONAL OR NOT!

Yes, Type:
☐ Doctor
☐ Nurse
☐ OTHER ___________________________

☐ NO (skip to Q19)
☐ I don’t know (skip to Q19)
☐ Prefer not to answer (skip to Q19)

> > > 18b. If you (the patient) spoke to a health care professional, did you see them in person or speak to them by phone?

☐ In Person
☐ By phone
☐ I don’t know

> > > 18c. What kind of place was it?

☐ Clinic/Health Center (specify) ___________________________
☐ Nurse Hot Line
☐ MD Hot Line
☐ Private Doctor’s Office.
☐ Other (specify) ___________________________

☐ I don’t know
☐ Prefer not to answer

> > > 18d. What did the doctor/nurse tell you to do?

19. Where did you (the patient) last get your care outside of an Emergency Room?

☐ Private Doctor / PCP
☐ Clinic/Health Center
☐ Other ___________________________
☐ I don’t know
☐ I always use ER
☐ Prefer not to answer

> > > IF THEY ANSWERED YES TO QUESTION 12 ON PAGE 2 SKIP NEXT QUESTION AND GO TO QUESTION 21

20. Have you (the patient) ever sought care at a PCP?  
☐ Yes  ☐ No  ☐ I don’t know  ☐ Prefer not to answer

21. Is there a Walk in Clinic in your (the patient’s) neighborhood?

☐ Yes (name/location): ___________________________
☐ No
☐ I don’t know

22. If you are comfortable sharing this, in the last 12 months, have you (the patient) been admitted to a hospital?  

☐ Yes.
☐ No (end survey)
☐ I don’t know (end survey)
☐ Prefer not to answer (end survey)

> > > 22b. Is the visit today related to that/those visit(s)?  

☐ Yes  ☐ No  ☐ I don’t know  ☐ Prefer not to answer

End Survey, make sure to thank participant!
Brooklyn Healthcare Improvement Project

Emergency Department Staff Survey

In order to improve the use of our Emergency Department and the delivery of services to our community, the Brooklyn Healthcare Improvement Project is asking for your help to complete the attached survey. The survey has been designed and approved by hospital leadership including several Chairs/Directors of Emergency Services from six hospital partners and their respective Institutional Review Boards: Brookdale University Hospital, InterFaith Medical Center, Kings County Hospital, Kingsbrook Jewish Medical Center, University Hospital of Brooklyn at SUNY Downstate, and Woodhull Hospital.

The survey is anonymous. We understand that you all have busy schedules, however your insight and feedback are important and we encourage your participation. Please participate and include your unique voice in improving Brooklyn's healthcare.

Kindly complete and Return to: _________________

Thank you for your participation in this survey in advance. We trust your insight and feedback will facilitate a more improved system of service.

If you have any questions about B-HIP or the survey, please contact Ms. Priya Pasram at 718-270-2723 between 9:00 am and 5:00 pm weekdays or email her at priya.pasram@downstate.edu.

The Brooklyn Healthcare Improvement Project (B-HIP) is focused on improving healthcare delivery in central/northern Brooklyn, and involves a coalition of 33 organization including local hospitals, community health organizations, labor unions, major insurance carriers, senior citizen centers, local government, pharmaceutical companies and others working with the New York State Department of Health.
1. Where do you work?
   - a. Brookdale University Hospital
   - b. Interfaith Medical Center
   - c. Kings County Hospital
   - d. Kingsbrook Jewish Medical Center
   - e. Woodhull Medical Center
   - f. University Hospital of Brooklyn

2. What is the length of your shift?
   - a. 8 hours
   - b. 10 hours
   - c. 12 hours

3. What Shift did you work today? (Choose the answer that most closely applies)
   - a. Morning: 7 am - 3 pm
   - b. Midday: 12 pm - 8 pm
   - c. Evening: 3 pm – 11 pm
   - d. Day: 9 am - 5 pm
   - e. Night: 12 am – 8 am

4. Do you have a rotating shift? (Does your start time change from day to day?)
   - a. No
   - b. Yes - I have a different shift every time I work
   - c. Yes - My schedule changes from week to week
   - d. Yes - My schedule changes every few weeks

5. What is your position?
   - a. CNA
   - b. Clerk - Admission
   - c. Clerk - Unit
   - d. Doctor - Intern
   - e. Doctor - Resident
   - f. Doctor - Attending
   - g. EMT
   - h. Nursing - LPN
   - i. Nursing - RN/MSN
   - j. Nursing - NP/FNP
   - k. PA
   - l. PCT
   - m. Phlebotomist
   - n. Social Worker
   - o. Tech - Respiratory
   - p. Tech - X-Ray
   - z. Other (please specify)

6. Do you interact directly with patients?
   - a. Yes
   - b. No

   **IF YOU SELECT NO, PLEASE GO TO QUESTION 17 AND CONTINUE WITH THE SURVEY.**
7. Approximately, how many patients do you see in one shift? (e.g.: 15)  

8. What percent of the cases you see daily are...

<table>
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<tr>
<th></th>
<th>0 - 5%</th>
<th>6 - 10%</th>
<th>11 - 25%</th>
<th>26 - 50%</th>
<th>51 - 75%</th>
<th>76 - 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. <strong>Emergency</strong></td>
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<td>b. <strong>Urgent Care</strong></td>
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<td>c. <strong>Chronic Disease</strong></td>
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<td>d. <strong>Primary Care</strong></td>
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<td>z. <strong>Other (Please Specify)</strong></td>
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</tbody>
</table>

9. How do most patients pay for their care?

- [ ] a. Self Pay/No Insurance
- [ ] b. Medicare
- [ ] c. Medicaid
- [ ] d. Family Health Plus
- [ ] e. Child Health Plus
- [ ] f. Private Insurance
- [ ] g. I don't know

10. In your opinion, what is the education level of most of the patients you see?

- [ ] a. No formal schooling
- [ ] b. Grade School
- [ ] c. Some High School
- [ ] d. High School
- [ ] e. Some College
- [ ] f. University/Graduate Study

11. In your opinion, what percentage of your patients consulted a nurse/doctor before coming to the emergency department (ED)?

- [ ] a. 5 - 10% of the patients I see daily
- [ ] b. 11 - 25%
- [ ] c. 26 - 50%
- [ ] d. 51 - 75%
- [ ] e. 76 - 100%
- [ ] q. Not Applicable to my position

12. How many of your patients have seen a Primary Care Physician (PCP) in the last year?

- [ ] a. 5 - 10% of the patients I see daily
- [ ] b. 11 - 25%
- [ ] c. 26 - 50%
- [ ] d. 51 - 75%
- [ ] e. 76 - 100%
- [ ] q. Not Applicable to my position
13. How many of your patients have an on-going relationship with a PCP?

☐ a. 5 - 10% of the patients I see daily  ☐ d. 51 - 75%
☐ b. 11 - 25%  ☐ e. 76 - 100%
☐ c. 26 - 50%  ☐ q. Not Applicable to my position

14. In your opinion, what percent of your patients should have been seen by a PCP instead of the ED?

☐ a. 5 - 10% of the patients I see daily  ☐ d. 51 - 75%
☐ b. 11 - 25%  ☐ e. 76 - 100%
☐ c. 26 - 50%  ☐ q. Not Applicable to my position

15. In your opinion, what options do your patients have for receiving primary care?

(You may choose up to 2 answers)

☐ a. Primary Care Physician  ☐ c. Mobile Clinic  ☐ e. None
☐ b. Walk-In Clinic  ☐ d. Hospital-based clinic
☐ z. Other (please specify): ________________________________

16. In your opinion, the reason(s) your patients come to this ED for primary care is/are:

(You may choose up to 3 answers)

☐ a. No Insurance  ☐ f. Patient has no PCP
☐ b. Receive better care  ☐ g. No appointment available with PCP/Clinic
☐ c. Closest location to receive care  ☐ h. PCP office is closed
☐ d. Easier access to comprehensive care  ☐ i. Referred by PCP
☐ e. It is cheaper for the patient  ☐ j. Patient has nowhere else to go
☐ z. Other (please specify): ________________________________
17. In your opinion, what creates the MOST bottlenecks/congestion in your department?  

(please choose only ONE answer)  

☐ a. Overcrowding  ☐ e. Delays with blood and lab services  
☐ b. Not enough staff  ☐ f. Inefficient workflow  
☐ c. Too many patients seeking primary care  ☐ g. Inpatient admitting  
☐ d. Delays with scanning and imaging  ☐ h. Too few open beds on medicine/surgery unit  

☐ z. Other (please specify) ____________________________

18. In your opinion, is your department adequately staffed with...  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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<td>b.</td>
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<td>c.</td>
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<td>d.</td>
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<td>e.</td>
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<td>g.</td>
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<tr>
<td>z.</td>
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</tbody>
</table>

19. In relation to patient care over the last year, the overall efficiency in your department has...  

☐ a. Worsened  ☐ b. Not changed  ☐ c. Improved  

20. How would you improve patient flow in the ED?  

21. How satisfied are you with your job?  

☐ a. Very satisfied  ☐ c. Neither satisfied nor dissatisfied  ☐ e. Very dissatisfied  
☐ b. Somewhat satisfied  ☐ d. Somewhat dissatisfied  

22. If you are not satisfied with your job, what would make it better?  

27
Appendix 6A

Canvassing Study
Target Area For B-HIP Studies
Provider Directory
Canvassing Locations

1,227 Initial Locations
- Insurer
- Pharmacy
- Scouting

972 (79%) Locations Found

836 (68%) Surveys Administered
- (885 MD's/Dentists/Optometrists - 564 FTE's)

259 (21%) Non-Institution Bases Practices
- (389 MD's, 268 FTE's)

255 (21%)
- Abandoned/Do Not Exist (150)
- Other Business (50)
- Private Home (31)
- Hospitals Locales (24)

136 (11%)
- Refused (119)
- Closed
- Vacation
- Duplicates (13)

577 (47%)
- Pharmacies (217)
- Dental (118)
- Vision (43)
- IPA/Hospital Affiliates/FQHC's (72)
- Other- Rehab, Radiology (127)
Appendix 6B

Emergency Department Patient Surveys
# ED Patient Survey Captured (combined Survey 1 and 2)

<table>
<thead>
<tr>
<th>Hospital ERs where survey conducted</th>
<th>All Visits (for time period survey(s) conducted)</th>
<th>Asked</th>
<th>%Asked of All ER users</th>
<th>Surveyed (respondees)</th>
<th>%Surveyed of All ER users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brookdale</td>
<td>7,088</td>
<td>2,951</td>
<td>42%</td>
<td>1,819</td>
<td>26%</td>
</tr>
<tr>
<td>Downstate</td>
<td>5,323</td>
<td>3,257</td>
<td>61%</td>
<td>2,410</td>
<td>45%</td>
</tr>
<tr>
<td>Interfaith</td>
<td>3,800</td>
<td>2,287</td>
<td>60%</td>
<td>1,598</td>
<td>42%</td>
</tr>
<tr>
<td>Kings County</td>
<td>10,091</td>
<td>4,134</td>
<td>41%</td>
<td>2,799</td>
<td>28%</td>
</tr>
<tr>
<td>Kingsbrook</td>
<td>2,950</td>
<td>2,249</td>
<td>76%</td>
<td>1,498</td>
<td>51%</td>
</tr>
<tr>
<td>Woodhull</td>
<td>5,849</td>
<td>2,428</td>
<td>42%</td>
<td>1,530</td>
<td>26%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>35,101</strong></td>
<td><strong>17,306</strong></td>
<td><strong>49%</strong></td>
<td><strong>11,654</strong></td>
<td><strong>33%</strong></td>
</tr>
</tbody>
</table>

- Woodhull, Round 1- unable to survey 24/7
ED Patient Survey
Characteristics - Race

- NYC: 8.2mil
- Bklyn: 2.5mil
- Study Area
  - 1.05mil
  - 42% of Brooklyn
  - 13% of NYC

- Asian/PI includes: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.
- AI/NA includes: American Indian, Native Alaskan, Native Hawaiian, Guamanian, Samoan.
- Other/Mixed: Two or more Races or Some other self Identified Race

Source: 2010 Census
Born in the US?

Round 2 (n = 5709)

- Yes: 63.4%
- No: 36.6%

Round 1 (n = 5743)

- Yes: 65.2%
- No: 34.8%
ED Patient Survey – Transience

Length of Residence, years

- More than Five 60.6%
- One to Five 27.0%
- Less than One 11.9%
- No Permanent 0.5%

Length of time at current address, years

<table>
<thead>
<tr>
<th>Group</th>
<th>No. Responses</th>
<th>% Insured</th>
<th>% w/ PCP</th>
<th>% w/PCP that Do not Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than Five</td>
<td>6,676</td>
<td>82%</td>
<td>64%</td>
<td>13%</td>
</tr>
<tr>
<td>One to Five</td>
<td>2,976</td>
<td>80%</td>
<td>63%</td>
<td>12%</td>
</tr>
<tr>
<td>Less than One</td>
<td>1,312</td>
<td>72%</td>
<td>50%</td>
<td>14%</td>
</tr>
<tr>
<td>No Permanent</td>
<td>54</td>
<td>35%</td>
<td>24%</td>
<td>8%</td>
</tr>
<tr>
<td>Totals</td>
<td>11,018</td>
<td>80%</td>
<td>62%</td>
<td>13%</td>
</tr>
</tbody>
</table>
ED Patient Survey
Do you have a PCP or Family Doctor?

Have a PCP? (% by Ins Type)

<table>
<thead>
<tr>
<th>Ins Type</th>
<th>I don't know</th>
<th>No</th>
<th>Yes (incl. DNU)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>3%</td>
<td>17%</td>
<td>81%</td>
<td>2,124</td>
</tr>
<tr>
<td>Medicaid</td>
<td>8%</td>
<td>28%</td>
<td>64%</td>
<td>3,144</td>
</tr>
<tr>
<td>Medicare</td>
<td>7%</td>
<td>18%</td>
<td>76%</td>
<td>1,106</td>
</tr>
<tr>
<td>CHP/FHP/MMC</td>
<td>3%</td>
<td>14%</td>
<td>83%</td>
<td>2,293</td>
</tr>
<tr>
<td>Other</td>
<td>10%</td>
<td>28%</td>
<td>62%</td>
<td>90</td>
</tr>
<tr>
<td>Uninsured</td>
<td>2%</td>
<td>80%</td>
<td>17%</td>
<td>1,936</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5%</strong></td>
<td><strong>31%</strong></td>
<td><strong>64%</strong></td>
<td><strong>10,693</strong></td>
</tr>
</tbody>
</table>

Yes 55.4%

No 31.2%

Yes- but do not use 8.3%

Don't know 5.1%
ED Patient Survey
Why did you come to the ER?

Why did you come to the ER today?

- Convenience: 17%
- Other than Emergency: 16%
- Could not reach PCP: 15%
- Other: 15%
- Told to come by Doc: 14%
- Wait too long to see PCP: 8%
- No insurance: 6%
- Second opinion: 5%
- Cheaper: 1%
- N = 5,459

Emergency 57%
Non Emergency 43%
N = 11,088
Top “Main Medical Reason” given by the ED Patient Respondents from Survey 1

<table>
<thead>
<tr>
<th>Reason</th>
<th>Count</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint or Muscle Pain</td>
<td>630</td>
<td>11%</td>
</tr>
<tr>
<td>Breathing Problems</td>
<td>609</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>552</td>
<td>10%</td>
</tr>
<tr>
<td>Flu / Cold / Fever</td>
<td>541</td>
<td>10%</td>
</tr>
<tr>
<td>Stomach pains</td>
<td>521</td>
<td>9%</td>
</tr>
<tr>
<td>Headache, Dizziness</td>
<td>441</td>
<td>8%</td>
</tr>
<tr>
<td>Accident</td>
<td>438</td>
<td>8%</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>428</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,160</strong></td>
<td><strong>73%</strong></td>
</tr>
</tbody>
</table>
ED Patient Survey
PCP and Insurance Status by Age

<table>
<thead>
<tr>
<th>Under 18</th>
<th>Do You Have a PCP?</th>
<th>Health Insurance?</th>
<th>No</th>
<th>Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>NO</td>
<td>4.2%</td>
<td>2.4%</td>
<td>6.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YES</td>
<td>9.5%</td>
<td>83.9%</td>
<td>93.4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>13.7%</td>
<td>86.3%</td>
<td>2,222</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>25 - 64</th>
<th>Do You Have a PCP?</th>
<th>Health Insurance?</th>
<th>No</th>
<th>Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>NO</td>
<td>20.0%</td>
<td>4.1%</td>
<td>24.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YES</td>
<td>19.9%</td>
<td>56.1%</td>
<td>76.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>39.9%</td>
<td>60.1%</td>
<td>5,516</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18 - 24</th>
<th>Do You Have a PCP?</th>
<th>Health Insurance?</th>
<th>No</th>
<th>Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>NO</td>
<td>20.5%</td>
<td>3.3%</td>
<td>23.7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YES</td>
<td>26.1%</td>
<td>50.1%</td>
<td>76.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>46.6%</td>
<td>53.4%</td>
<td>1,251</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>65 +</th>
<th>Do You Have a PCP?</th>
<th>Health Insurance?</th>
<th>No</th>
<th>Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>NO</td>
<td>7.5%</td>
<td>1.3%</td>
<td>8.8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YES</td>
<td>11.0%</td>
<td>80.3%</td>
<td>91.2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>18.5%</td>
<td>81.5%</td>
<td>1,165</td>
</tr>
</tbody>
</table>
# UHB Data Validation

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>38%</td>
<td>36%</td>
</tr>
<tr>
<td>Female</td>
<td>62%</td>
<td>64%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>10.6%</td>
<td>13.5%</td>
</tr>
<tr>
<td>18 - 24 yrs old</td>
<td>11.7%</td>
<td>11.5%</td>
</tr>
<tr>
<td>45 - 64 yrs old</td>
<td>19.8%</td>
<td>20.2%</td>
</tr>
<tr>
<td>HealthFirst Pts</td>
<td>9%</td>
<td>16%</td>
</tr>
<tr>
<td>Empire Pts</td>
<td>8%</td>
<td>5%</td>
</tr>
</tbody>
</table>
ED Patient Survey
Last get your care outside of an ER?

- Private Doctor: 51%
- Clinic/Health Center: 15%
- Always use ED: 21%
- Don't know: 6%
- Other: 7%

Always Use Emergency Room (951 respondents)

<table>
<thead>
<tr>
<th>Have a PCP/Family Doctor?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>71%</td>
</tr>
<tr>
<td>I don't know</td>
<td>12%</td>
</tr>
<tr>
<td>Yes</td>
<td>15%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>All Responses</th>
<th>Always Use ED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>57%</td>
<td>48%</td>
</tr>
<tr>
<td>Male</td>
<td>43%</td>
<td>52%</td>
</tr>
</tbody>
</table>

n = 4,601
ED Patient Survey
Always use ED: Insurance Status & Type

Always Use ED: Insurance Status and Types

- Uninsured: 43.1%
- Medicaid: 29.8%
- CHP/ FHP/ MMC: 10.2%
- Commercial: 10.0%
- Medicare: 6.6%
- Other: 0.4%

n = 951
ED Patient Survey

Why haven’t you seen your Doc?

- I haven't been ill: 79%
- Other: 21%

(868 respondents)

Insurance Status?

- Insured (676): 78%
- Un-Insured (192): 22%

Why haven’t you visited your PCP in the last year?

- I haven't been ill: 79%
- Other: 21%

(n = 1,115)

<table>
<thead>
<tr>
<th>Insurer</th>
<th>Total</th>
<th>% Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>134</td>
<td>15%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>312</td>
<td>36%</td>
</tr>
<tr>
<td>Medicare</td>
<td>77</td>
<td>9%</td>
</tr>
<tr>
<td>Managed Care</td>
<td>146</td>
<td>17%</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>676</td>
<td>78%</td>
</tr>
</tbody>
</table>
Admits in last 12 Months

Yes
19.8%

No
78.9%

Prefer not to Answer
0.2%

Unknown
1.1%

(n = 5,565)

<table>
<thead>
<tr>
<th>No. Times Admitted w/in Last 12 Months?</th>
<th>No. Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown no.</td>
<td>187</td>
</tr>
<tr>
<td>One</td>
<td>549</td>
</tr>
<tr>
<td>Two</td>
<td>216</td>
</tr>
<tr>
<td>Three</td>
<td>84</td>
</tr>
<tr>
<td>Four</td>
<td>30</td>
</tr>
<tr>
<td>Five</td>
<td>20</td>
</tr>
<tr>
<td>Six</td>
<td>10</td>
</tr>
<tr>
<td>Seven</td>
<td>2</td>
</tr>
<tr>
<td>&gt; Ten</td>
<td>5</td>
</tr>
<tr>
<td>total</td>
<td>1,103</td>
</tr>
</tbody>
</table>

* DATA ONLY AVAILABLE FOR ROUND 2
Is there a “Walk in Clinic” in your neighborhood?

<table>
<thead>
<tr>
<th></th>
<th>Round 2 (n = 5397)</th>
<th>Round 1 (n = 5645)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don't know</td>
<td>2116</td>
<td>2169</td>
</tr>
<tr>
<td>No</td>
<td>1672</td>
<td>1969</td>
</tr>
<tr>
<td>Yes</td>
<td>1609</td>
<td>1507</td>
</tr>
</tbody>
</table>
Where else would you go?

- PCP: 19% (Round 2), 10% (Round 1)
- Don't know: 9% (Round 2), 0% (Round 1)
- Nowhere else to go: 5% (Round 2), 10% (Round 1)
- Walk in Spec: 4% (Round 2), 3% (Round 1)
- Another ER: 72% (Round 2), 55% (Round 1)
- Urgent Center: 2% (Round 2), 1% (Round 1)
- Ambulatory Center: 1% (Round 2), 1% (Round 1)
- Other: 4% (Round 2), 3% (Round 1)
Non–Emergent Patients

What time did you arrive?
928 responded they arrived during business hours (8am to 5pm, Mon to Fri)

Assumptions:
Your PCP is open or Primary Care should be accessible

n = 2,362
Top Non-Emergency Responses

Issues around Convenience, Preference for ED, and PC wait times account for $\frac{1}{2}$ of Non Emergency Visits

<table>
<thead>
<tr>
<th>Response</th>
<th>Business Hours</th>
<th>Non Business Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convenience</td>
<td>27%</td>
<td>32%</td>
</tr>
<tr>
<td>No PC</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>Told by Doctor</td>
<td>13%</td>
<td>5%</td>
</tr>
<tr>
<td>Insurance Issue</td>
<td>11%</td>
<td>7%</td>
</tr>
<tr>
<td>Too long for PC</td>
<td>11%</td>
<td>6%</td>
</tr>
<tr>
<td>PC Closed</td>
<td>9%</td>
<td>22%</td>
</tr>
<tr>
<td>Where I come</td>
<td>5%</td>
<td>12%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
<td>6%</td>
</tr>
</tbody>
</table>
Business Hour
Non – Emergency Patients
Where else would you go?

<table>
<thead>
<tr>
<th>Response</th>
<th>Business Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Another ER</td>
<td>55%</td>
</tr>
<tr>
<td>PCP</td>
<td>22%</td>
</tr>
<tr>
<td>Nowhere else/Don't know</td>
<td>13%</td>
</tr>
<tr>
<td>Other</td>
<td>10%</td>
</tr>
</tbody>
</table>

People appear to prefer going to the Emergency Department even when primary care options could be available.

n = 522
Appendix 6C

Emergency Department Staff Survey
# Staff Survey Response

<table>
<thead>
<tr>
<th>Location</th>
<th>Total</th>
<th>Staff Count (estimate)</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brookdale University Hospital</td>
<td>81</td>
<td>190</td>
<td>42.6%</td>
</tr>
<tr>
<td>Interfaith Medical Center</td>
<td>49</td>
<td>90</td>
<td>54.4%</td>
</tr>
<tr>
<td>Kings County Hospital</td>
<td>64</td>
<td>340</td>
<td>18.8%</td>
</tr>
<tr>
<td>Kingsbrook Jewish Medical Center</td>
<td>46</td>
<td>80</td>
<td>57.5%</td>
</tr>
<tr>
<td>Woodhull Medical Center</td>
<td>96</td>
<td>200</td>
<td>48.0%</td>
</tr>
<tr>
<td>University Hospital of Brooklyn</td>
<td>78</td>
<td>130</td>
<td>60.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>414</strong></td>
<td><strong>1,030</strong></td>
<td><strong>40.2%</strong></td>
</tr>
</tbody>
</table>
Emergency Cases

% of Cases You See Daily - Emergency

% of Respondants

N = 315
Consulted Provider

% Consulted Provider

% of Patients

N = 290
ED Staff perception of ED patients insurance status

How do MOST of your Patients Pay?

- Private Insurance: 0%
- Medicare or Medicaid: 50%
- Don't know: 40%
- No Insurance or Self Pay: 10%

N = 371
**ED staff perceived reasons for ED patient visit**

<table>
<thead>
<tr>
<th>Reason</th>
<th>% of ED staff who responded to this question</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Insurance</td>
<td>25%</td>
</tr>
<tr>
<td>Patient has no PCP</td>
<td>15%</td>
</tr>
<tr>
<td>No Appointment Available with PCP/Clinic</td>
<td>11%</td>
</tr>
<tr>
<td>Patient has Nowhere Else to go</td>
<td>11%</td>
</tr>
<tr>
<td>Easier Access to Comprehensive Care</td>
<td>10%</td>
</tr>
<tr>
<td>Closest Location</td>
<td>9%</td>
</tr>
<tr>
<td>Better Care</td>
<td>5%</td>
</tr>
<tr>
<td>Referred by PCP</td>
<td>4%</td>
</tr>
<tr>
<td>PCP Office Closed</td>
<td>4%</td>
</tr>
<tr>
<td>Cheaper for the Patient</td>
<td>4%</td>
</tr>
<tr>
<td>Needs Education</td>
<td>1%</td>
</tr>
<tr>
<td>Convenience</td>
<td>1%</td>
</tr>
</tbody>
</table>

N = 880
Primary Care Options

In your opinion, what options do your patients have for receiving primary care?

<table>
<thead>
<tr>
<th>Option</th>
<th>Response %</th>
<th>Response count</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP</td>
<td>28.1%</td>
<td>156</td>
</tr>
<tr>
<td>Walk in Clinic</td>
<td>31.8%</td>
<td>177</td>
</tr>
<tr>
<td>Mobile Clinic</td>
<td>1.3%</td>
<td>7</td>
</tr>
<tr>
<td>Hospital Based Clinic</td>
<td>34.4%</td>
<td>191</td>
</tr>
<tr>
<td>None</td>
<td>3.8%</td>
<td>21</td>
</tr>
<tr>
<td>Other</td>
<td>0.7%</td>
<td>4</td>
</tr>
</tbody>
</table>

n = 556
Appendix 6D

Insurance Study
Sample analysis of Health Plan Encounter Data

<table>
<thead>
<tr>
<th>Professional Claims Files:</th>
<th>4 Managed Care PLANS - ALL PRODUCTS</th>
<th>% of Ttl MBR IDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique member ID numbers</td>
<td>334,519</td>
<td></td>
</tr>
<tr>
<td>members with encounters where Proc1 in EM range and POS = OPD excl 23 [OPD USERS]</td>
<td>296,536</td>
<td>88.6%</td>
</tr>
<tr>
<td>members with encounters POS = 23 [ER USERS]</td>
<td>144,691</td>
<td>43.3%</td>
</tr>
<tr>
<td>ER Users Matched to OPD Users</td>
<td>124,844</td>
<td>86.3%</td>
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<td>ER users with no OPD physician entries</td>
<td>19,847</td>
<td>13.7%</td>
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</table>

<table>
<thead>
<tr>
<th>Institutional Claims Files Counts</th>
<th>% of Inpt Users</th>
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<tr>
<td>INPT USERS (BILL TYPE = 111)</td>
<td>62,580</td>
</tr>
<tr>
<td>MBR IDS WITH ACS ADMITS</td>
<td>3,620</td>
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<tr>
<td>MBR IDS WITH NO ACS DX</td>
<td>58,960</td>
</tr>
<tr>
<td>TOTAL</td>
<td>62,580</td>
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<tr>
<td>TOTAL PAID FOR ACS ADMITS</td>
<td>$20,929,468.00</td>
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<td>AVERAGE COST PER MBR ACS Admission</td>
<td>$5,782</td>
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<tr>
<td>MBRS WITH ACS ADMIT AND OPD USER</td>
<td>2,485</td>
</tr>
<tr>
<td>MBRS WITH ACS ADMIT AND NO OPD</td>
<td>1,135</td>
</tr>
<tr>
<td>MBRS WITH ACS ADMIT AND ER USER</td>
<td>2,327</td>
</tr>
<tr>
<td>MBR WITH ACS AND NO ER USER</td>
<td>1,293</td>
</tr>
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</table>
Appendix 6E

SPARCS Study
ACSC Average Annual ED Visits (Year 2007-2009) by Census Tracts
ACSC Average Annual Discharges (Years 2007-2009) by Census Tracts
- **2010 Median Household Income**
- **Dark Green** indicates Lower Median Income < $31.5K
- **Dark Red** indicates Higher > $80K
SPARCS Data
- Average 2007-2009

Hot Spots
- Red: Higher Rates 17 - 24%
- Orange: 13 - 16%
- Yellow: 10 - 12%
- Bluegreen: 8 - 9%
- Aqua: 6 - 7%
- Light blue: 4 - 5%
- Dark blue: 0 - 3%
○ SPARCS Data
○ Hot Spots
  ● Red: Highest Rates 60 - 84%
  ● Orange: 50 - 59%
  ● Yellow: 41 - 49%
  ● Bluegreen: 33 - 40%
  ● Aqua: 26 - 32%
  ● Light blue: 17 - 25%
  ● Dark blue: 3 - 16%:
## Premature Mortality, Psychiatry and Drug Related Statistics

<table>
<thead>
<tr>
<th>SPARCS Data from 2006 - 2008</th>
<th>Age Adjusted Annual Discharges Per 1,000 Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Premature Mortality (Age &lt; 75) Psych Drug &amp; Alcohol</td>
</tr>
<tr>
<td>NYC</td>
<td>3.65 6.86 7.18</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>3.56 6.31 5.69</td>
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<tr>
<td>Brooklyn w/o Study Zips</td>
<td>2.76 4.64 4.00</td>
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<tr>
<td>15 Zip Code Area</td>
<td>5.36 8.65 8.81</td>
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</table>

### Sample Disparities

<table>
<thead>
<tr>
<th>Zip Code Area</th>
<th>Premature Mortality (Age &lt; 75)</th>
<th>Psych</th>
<th>Drug &amp; Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>11206 - Williamsburg / Bushwick</td>
<td>5.56</td>
<td>12.4</td>
<td>19.69</td>
</tr>
<tr>
<td>11217 - Park Slope / Gowanus</td>
<td>4.14</td>
<td>9.88</td>
<td>5.7</td>
</tr>
<tr>
<td>11226 - Flatbush</td>
<td>3.67</td>
<td>6.99</td>
<td>3.74</td>
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</table>
Average Annual Premature Mortality (age <75) Age adjusted

CHF Average Annual Discharges (Year 2007-2009) by Census Tracts
### Binomial Logistic Regression – ACSC discharges in the B-HIP study area

<table>
<thead>
<tr>
<th>independent variable</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp(B)</th>
<th>95% C.I. for Exp(B)</th>
<th>Lower</th>
<th>Upper</th>
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<tbody>
<tr>
<td>female</td>
<td>-0.21</td>
<td>0.006</td>
<td>1440.097</td>
<td>1</td>
<td>0</td>
<td>0.811</td>
<td>0.802</td>
<td>0.820</td>
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<tr>
<td>age</td>
<td>0.013</td>
<td>0.007</td>
<td>8864.782</td>
<td>1</td>
<td>0</td>
<td>1.013</td>
<td>1.013</td>
<td>1.013</td>
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<tr>
<td>latino</td>
<td>0.394</td>
<td>0.009</td>
<td>2098.066</td>
<td>1</td>
<td>0</td>
<td>1.484</td>
<td>1.459</td>
<td>1.509</td>
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</tr>
<tr>
<td>black</td>
<td>0.485</td>
<td>0.007</td>
<td>4686.888</td>
<td>1</td>
<td>0</td>
<td>1.624</td>
<td>1.601</td>
<td>1.646</td>
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</tr>
<tr>
<td>asian</td>
<td>-0.054</td>
<td>0.014</td>
<td>15.19</td>
<td>1</td>
<td>0</td>
<td>0.947</td>
<td>0.922</td>
<td>0.973</td>
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<tr>
<td>other</td>
<td>0.163</td>
<td>0.008</td>
<td>399.206</td>
<td>1</td>
<td>0</td>
<td>1.178</td>
<td>1.159</td>
<td>1.197</td>
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<tr>
<td>omitted is white</td>
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<tr>
<td>selfpay</td>
<td>0.256</td>
<td>0.014</td>
<td>328.675</td>
<td>1</td>
<td>0</td>
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<td>1.257</td>
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<tr>
<td>Medicare</td>
<td>0.144</td>
<td>0.008</td>
<td>365.23</td>
<td>1</td>
<td>0</td>
<td>1.155</td>
<td>1.138</td>
<td>1.172</td>
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<td>Medicaid</td>
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<td>0.008</td>
<td>140.429</td>
<td>1</td>
<td>0</td>
<td>0.913</td>
<td>0.899</td>
<td>0.927</td>
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<tr>
<td>othgovt</td>
<td>0.037</td>
<td>0.06</td>
<td>0.382</td>
<td>1</td>
<td>0.537</td>
<td>1.038</td>
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<td>omitted is commercial insurance</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>highest quartile of CTs with residents without H.S. diploma</td>
<td>0.192</td>
<td>0.007</td>
<td>844.655</td>
<td>1</td>
<td>0</td>
<td>1.211</td>
<td>1.196</td>
<td>1.227</td>
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<tr>
<td>number of dx (measure of severity of illness)</td>
<td>-0.004</td>
<td>0.001</td>
<td>21.01</td>
<td>1</td>
<td>0</td>
<td>0.996</td>
<td>0.994</td>
<td>0.998</td>
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</tr>
<tr>
<td>CT with lowest income quartile</td>
<td>0.042</td>
<td>0.006</td>
<td>47.866</td>
<td>1</td>
<td>0</td>
<td>1.043</td>
<td>1.031</td>
<td>1.056</td>
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<tr>
<td>CT with highest number of residents not speaking english well</td>
<td>-0.106</td>
<td>0.008</td>
<td>197.231</td>
<td>1</td>
<td>0</td>
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<td>0.887</td>
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<td>0</td>
<td>0.08</td>
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</tbody>
</table>

**Column Headings:** B=coefficient  S.E.=Standard  Wald=Wald statistic  df=degrees of freedom  Sig. =significance  Exp(B)=Odds Ratio
## Binomial Logistic Regression – ACSC/potentially preventable ED visits in B-HIP study area

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<th>Wald</th>
<th>Sig.</th>
<th>Exp(B)</th>
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<th>Upper</th>
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</thead>
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<td>0.000</td>
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<td>0.983</td>
<td>0.984</td>
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<td>6767.705</td>
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<td>0.682</td>
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<td>98.847</td>
<td>0.000</td>
<td>1.078</td>
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<td>Black</td>
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<td>84.511</td>
<td>0.000</td>
<td>1.057</td>
<td>1.045</td>
<td>1.070</td>
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<td>0.935</td>
<td>0.906</td>
<td>0.965</td>
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<td>0.000</td>
<td>580.681</td>
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<td>1.006</td>
<td>1.007</td>
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<tr>
<td>Highest unemployment</td>
<td>-0.006</td>
<td>0.005</td>
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<td>0.229</td>
<td>0.994</td>
<td>0.985</td>
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<tr>
<td>quartile</td>
<td></td>
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<tr>
<td>Lowest income quartile</td>
<td>0.022</td>
<td>0.005</td>
<td>20.260</td>
<td>0.000</td>
<td>1.022</td>
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<td>1.032</td>
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<td>Quartile with highest</td>
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<td>265.501</td>
<td>0.000</td>
<td>1.106</td>
<td>1.093</td>
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<td>rate of population</td>
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<tr>
<td>without high school</td>
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<td>Lowest rate of college</td>
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<td>0.005</td>
<td>0.814</td>
<td>0.367</td>
<td>1.005</td>
<td>0.995</td>
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<td></td>
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</tr>
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<td>Highest rate of vacant</td>
<td>0.064</td>
<td>0.006</td>
<td>101.349</td>
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<td>1.066</td>
<td>1.053</td>
<td>1.079</td>
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<td>0.005</td>
<td>286.603</td>
<td>0.000</td>
<td>1.093</td>
<td>1.081</td>
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<td>0.007</td>
<td>0.408</td>
<td>0.523</td>
<td>0.996</td>
<td>0.983</td>
<td>1.009</td>
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<td>Omitted is commercial</td>
<td></td>
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</tr>
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<td>insurance</td>
<td></td>
<td></td>
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<tr>
<td>Quartile of households</td>
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<td>4.284</td>
<td>0.038</td>
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<td>1.036</td>
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<td>not speaking English</td>
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</tr>
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</tbody>
</table>

**Column Headings:** B=coefficient  S.E.=Standard  Wald=Wald statistic  df=degrees of freedom  Sig. =significance  Exp(B)=Odds Ratio
B-HIP PATIENTS’ ED VISITS

ED Visits for BHIP Patients by New York City Hospitals

BHIP ED Visits

- .56% and Below
- 0.61% - 1.09%
- 1.01% - 2.59%
- 2.51% - 4.59%
- 4.51% - 10.00%
- 10.01% and Above

All NYC Hospitals

Counties

New York City Map
NON-B-HIP PATIENTS’ ED VISITS
ED Visits for Non-BHIP Patients by New York City Hospitals

Non-BHIP ED Visits
- .50% and Below
- 0.51% - 1.00%
- 1.01% - 2.50%
- 2.51% - 4.50%
- 4.51% - 10.00%
- 10.01% and Above
Appendix 6F

Hot Spots
# ACSC / ED Utilization by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hot Spot #1</th>
<th>Hot Spot #2</th>
<th>Hot Spot #3</th>
<th>BHIP Study Area</th>
<th>Non-BHIP Study Area</th>
<th>Brooklyn Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Under 18 years</strong></td>
<td>22</td>
<td>30</td>
<td>30</td>
<td>18</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td><strong>18 to 24 years</strong></td>
<td>14</td>
<td>16</td>
<td>12</td>
<td>7</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td><strong>25 to 44 years</strong></td>
<td>29</td>
<td>24</td>
<td>17</td>
<td>11</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td><strong>45 to 64 years</strong></td>
<td>70</td>
<td>51</td>
<td>56</td>
<td>29</td>
<td>16</td>
<td>23</td>
</tr>
<tr>
<td><strong>65 years and over</strong></td>
<td>134</td>
<td>117</td>
<td>142</td>
<td>76</td>
<td>66</td>
<td>71</td>
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</table>

**Age Specific ACSC Disch Rate / 1,000**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hot Spot #1</th>
<th>Hot Spot #2</th>
<th>Hot Spot #3</th>
<th>Non-BHIP Study Area</th>
<th>Brooklyn Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Under 18 years</strong></td>
<td>592</td>
<td>550</td>
<td>776</td>
<td>483</td>
<td>237</td>
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<tr>
<td><strong>18 to 24 years</strong></td>
<td>720</td>
<td>629</td>
<td>624</td>
<td>483</td>
<td>260</td>
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<tr>
<td><strong>25 to 44 years</strong></td>
<td>768</td>
<td>581</td>
<td>545</td>
<td>397</td>
<td>208</td>
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<tr>
<td><strong>45 to 64 years</strong></td>
<td>577</td>
<td>448</td>
<td>557</td>
<td>328</td>
<td>162</td>
</tr>
<tr>
<td><strong>65 years and over</strong></td>
<td>321</td>
<td>283</td>
<td>414</td>
<td>235</td>
<td>150</td>
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</table>
Hot Spot #1 – Brownsville / East New York
Brownsville / East New York (#1)

Hot Spot #1
Total Population 30,319
### Top 20 Primary Diagnoses - ACS Discharges 2007 -2009

<table>
<thead>
<tr>
<th>Pri Dx</th>
<th>Description</th>
<th>3 Year Count</th>
<th>% of Total ASC D/C's</th>
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</thead>
<tbody>
<tr>
<td>4280</td>
<td>CHF NOS</td>
<td>355</td>
<td>9.2%</td>
</tr>
<tr>
<td>486</td>
<td>PNEUMONIA, ORGANISM NOS</td>
<td>326</td>
<td>8.5%</td>
</tr>
<tr>
<td>49392</td>
<td>ASTHMA NOS W (AC) EXAC</td>
<td>302</td>
<td>7.9%</td>
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<tr>
<td>49322</td>
<td>CH OBST ASTH W (AC) EXAC</td>
<td>231</td>
<td>6.0%</td>
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<td>34590</td>
<td>EPILEP NOS W/O INTR EPIL</td>
<td>185</td>
<td>4.8%</td>
</tr>
<tr>
<td>25080</td>
<td>DMII OTH NT ST UNCNTRLD</td>
<td>143</td>
<td>3.7%</td>
</tr>
<tr>
<td>49391</td>
<td>ASTHMA W STATUS ASTHMAT</td>
<td>134</td>
<td>3.5%</td>
</tr>
<tr>
<td>25013</td>
<td>DMI KETOACD UNCONTROLD</td>
<td>130</td>
<td>3.4%</td>
</tr>
<tr>
<td>49121</td>
<td>OBS CHR BRONC W(AC) EXAC</td>
<td>125</td>
<td>3.3%</td>
</tr>
<tr>
<td>42823</td>
<td>AC ON CHR SYST HRT FAIL</td>
<td>124</td>
<td>3.2%</td>
</tr>
<tr>
<td>6826</td>
<td>CELLULITIS OF LEG</td>
<td>124</td>
<td>3.2%</td>
</tr>
<tr>
<td>5589</td>
<td>GASTROENTERITIS</td>
<td>100</td>
<td>2.6%</td>
</tr>
<tr>
<td>27651</td>
<td>HYPOVOLEMIA/dehydration</td>
<td>98</td>
<td>2.6%</td>
</tr>
<tr>
<td>25002</td>
<td>DMII WO CMP UNCNTRLD</td>
<td>89</td>
<td>2.3%</td>
</tr>
<tr>
<td>78039</td>
<td>CONVULSIONS NEC</td>
<td>87</td>
<td>2.3%</td>
</tr>
<tr>
<td>42833</td>
<td>AC ON CHR DIAST HRT FAIL</td>
<td>64</td>
<td>1.7%</td>
</tr>
<tr>
<td>4019</td>
<td>HYPERTENSION NOS</td>
<td>60</td>
<td>1.6%</td>
</tr>
<tr>
<td>42821</td>
<td>AC SYSTOLIC HRT FAILURE</td>
<td>58</td>
<td>1.5%</td>
</tr>
<tr>
<td>25012</td>
<td>DM</td>
<td>55</td>
<td>1.4%</td>
</tr>
<tr>
<td>42831</td>
<td>CHF</td>
<td>53</td>
<td>1.4%</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td><strong>2,843</strong></td>
<td><strong>74.0%</strong></td>
</tr>
<tr>
<td><strong>ACS D/C 2007 - 2009</strong></td>
<td></td>
<td><strong>3,842</strong></td>
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</table>
ACSC Discharges/1,000 – Hot Spot #1
HOT SPOT #1 DISCHARGES
Hot Spot #2 – Crown Heights North/ Bedford Stuyvesant
Hot Spot #2 - Crown Heights/Bed Stuy

Total Population: 21,392
# HotSpot #2

## Top 20 Primary Diagnoses - ACS Discharges 2007 -2009

<table>
<thead>
<tr>
<th>Pri Dx</th>
<th>Description</th>
<th>3 Year Count</th>
<th>% of Total ASC D/C's</th>
</tr>
</thead>
<tbody>
<tr>
<td>486</td>
<td>PNEUMONIA, ORGANISM NOS</td>
<td>250</td>
<td>9.6%</td>
</tr>
<tr>
<td>49392</td>
<td>ASTHMA NOS W (AC) EXAC</td>
<td>244</td>
<td>9.4%</td>
</tr>
<tr>
<td>4280</td>
<td>CHF NOS</td>
<td>184</td>
<td>7.1%</td>
</tr>
<tr>
<td>49322</td>
<td>CH OBST ASTH W (AC) EXAC</td>
<td>116</td>
<td>4.5%</td>
</tr>
<tr>
<td>27651</td>
<td>HYPOVOLEMIA</td>
<td>113</td>
<td>4.4%</td>
</tr>
<tr>
<td>34590</td>
<td>EPILEP NOS W/O INTR EPIL</td>
<td>111</td>
<td>4.3%</td>
</tr>
<tr>
<td>49121</td>
<td>OBS CHR BRONC W(AC) EXAC</td>
<td>98</td>
<td>3.8%</td>
</tr>
<tr>
<td>6826</td>
<td>CELLULITIS OF LEG</td>
<td>94</td>
<td>3.6%</td>
</tr>
<tr>
<td>4019</td>
<td>HYPERTENSION NOS</td>
<td>93</td>
<td>3.6%</td>
</tr>
<tr>
<td>5589</td>
<td>GASTROENTERITIS</td>
<td>93</td>
<td>3.6%</td>
</tr>
<tr>
<td>78039</td>
<td>CONVULSIONS NEC</td>
<td>76</td>
<td>2.9%</td>
</tr>
<tr>
<td>25002</td>
<td>DMII WO CMP UNCNTRLD</td>
<td>74</td>
<td>2.9%</td>
</tr>
<tr>
<td>25080</td>
<td>DMII OTH NT ST UNCNTRLD</td>
<td>74</td>
<td>2.9%</td>
</tr>
<tr>
<td>49391</td>
<td>ASTHMA W STATUS ASTHMAT</td>
<td>68</td>
<td>2.6%</td>
</tr>
<tr>
<td>25013</td>
<td>DIABETES</td>
<td>50</td>
<td>1.9%</td>
</tr>
<tr>
<td>42821</td>
<td>AC SYSTOLIC HRT FAILURE</td>
<td>49</td>
<td>1.9%</td>
</tr>
<tr>
<td>4660</td>
<td>ACUTE BRONCHITIS</td>
<td>41</td>
<td>1.6%</td>
</tr>
<tr>
<td>25082</td>
<td>DMII OTH NT ST UNCNTRLD</td>
<td>33</td>
<td>1.3%</td>
</tr>
<tr>
<td>4659</td>
<td>ACUTE URI NOS</td>
<td>32</td>
<td>1.2%</td>
</tr>
<tr>
<td>42823</td>
<td>CHF</td>
<td>31</td>
<td>1.2%</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td><strong>1,924</strong></td>
<td><strong>74.2%</strong></td>
</tr>
</tbody>
</table>

**ACS D/C 2007 - 2009**

<table>
<thead>
<tr>
<th>ACS D/C 2007 - 2009</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2,594</td>
</tr>
</tbody>
</table>
ACSC Discharges/1,000 – Hot Spot #2
HOT SPOT #2 DISCHARGES
Total Discharges for Hot Spot #2 Patients by New York City Hospitals
Hot Spot #3 – Bushwick / Stuy Heights
Hot Spot #3 - Bushwick / Stuy Heights

Total Population - 49,699
## HotSpot #3

### Top 20 Primary Diagnoses - ACS Discharges 2007 - 2009

<table>
<thead>
<tr>
<th>PriDx</th>
<th>Description</th>
<th>3 Year Count</th>
<th>% of Total ASC D/C's</th>
</tr>
</thead>
<tbody>
<tr>
<td>49392</td>
<td>ASTHMA NOS W (AC) EXAC</td>
<td>660</td>
<td>11.9%</td>
</tr>
<tr>
<td>486</td>
<td>PNEUMONIA, ORGANISM NOS</td>
<td>499</td>
<td>9.0%</td>
</tr>
<tr>
<td>4280</td>
<td>CHF NOS</td>
<td>364</td>
<td>6.6%</td>
</tr>
<tr>
<td>5589</td>
<td>GASTROENTERITIS</td>
<td>338</td>
<td>6.1%</td>
</tr>
<tr>
<td>6826</td>
<td>CELLULITIS OF LEG</td>
<td>283</td>
<td>5.1%</td>
</tr>
<tr>
<td>78039</td>
<td>CONVULSIONS NEC</td>
<td>237</td>
<td>4.3%</td>
</tr>
<tr>
<td>49322</td>
<td>CH OBST ASTH W (AC) EXAC</td>
<td>230</td>
<td>4.1%</td>
</tr>
<tr>
<td>27651</td>
<td>HYPOVolemIA/dehydration</td>
<td>182</td>
<td>3.3%</td>
</tr>
<tr>
<td>34590</td>
<td>EPILEP NOS W/O INTR EPIL</td>
<td>167</td>
<td>3.0%</td>
</tr>
<tr>
<td>25002</td>
<td>DMII WO CMP UNCNTRLD</td>
<td>164</td>
<td>3.0%</td>
</tr>
<tr>
<td>25080</td>
<td>DMII OTH NT ST UNCNTRLD</td>
<td>127</td>
<td>2.3%</td>
</tr>
<tr>
<td>49121</td>
<td>OBS CHR BRONC W(AC) EXAC</td>
<td>126</td>
<td>2.3%</td>
</tr>
<tr>
<td>49391</td>
<td>ASTHMA W STATUS ASTHMAT</td>
<td>120</td>
<td>2.2%</td>
</tr>
<tr>
<td>4019</td>
<td>HYPERTENSION NOS</td>
<td>115</td>
<td>2.1%</td>
</tr>
<tr>
<td>25013</td>
<td>DMI KETOACD UNCONTROLD</td>
<td>101</td>
<td>1.8%</td>
</tr>
<tr>
<td>25082</td>
<td>DMII OTH NT ST UNCNTRLD</td>
<td>99</td>
<td>1.8%</td>
</tr>
<tr>
<td>59010</td>
<td>AC Py\YELONEPHRITIS</td>
<td>85</td>
<td>1.5%</td>
</tr>
<tr>
<td>4111</td>
<td>UNSTABLE ANGINA</td>
<td>84</td>
<td>1.5%</td>
</tr>
<tr>
<td>25012</td>
<td>DM</td>
<td>82</td>
<td>1.5%</td>
</tr>
<tr>
<td>42823</td>
<td>AC ON CHR SYST HRT FAIL</td>
<td>78</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

**Subtotal**: 4,141 74.0%

**ACS D/C 2007 - 2009**: 5,553
Hot Spot #3 – Bushwick / Stuy Heights
HOT SPOT #3 DISCHARGES
Total Discharges for Hot Spot #3 Patients by New York City Hospitals