



**Department  
of Health**

# **Public Health and Health Planning Council Educational Training**

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Commissioner

MAY 9, 2024 • PUBLIC HEALTH AND HEALTH PLANNING COUNCIL

# Definition of Health

"Health is a state of optimal physical, mental, and social well-being."

## Mission, Vision, and Values



### Mission

To protect and promote health and well-being for all, building on a foundation of health equity



### Vision

New York is a healthy community of thriving individuals and families



### Values

Public Good  
Innovation  
Excellence

Integrity  
Collaboration  
Respect

Inclusion

### Health

Health is a state of optimal physical, mental and social well-being.

### Statement on Health Equity

Health equity is foundational to everything we do to help all people achieve optimal physical, mental and social well-being. Everyone at the Department of Health shares responsibility for achieving health equity and eliminating health disparities.



## **Health Equity:**

*Shall mean the highest level of health for all people and shall entail focused efforts to address avoidable inequalities by equalizing those conditions for health for those that have experienced injustices, socioeconomic disadvantages, and systemic disadvantages.*

**New York Public Health Law – Article 2F**

"Intentional...not everyone has the same starting point or the same advantages, yet everyone deserves a fair and just opportunity for the best health outcomes..."

# Equality doesn't mean Equity



## **Social Determinants of Health:**

*Shall mean life-enhancing resources, such as availability of healthful foods, quality housing, economic opportunity, social relationships, transportation, education, and health care, whose distribution across populations effectively determines the length and quality of life.*

**New York Public Health Law – Article 2F**

**"We can all have the same advantages."**

## **Health Disparities:**

*Shall mean measurable differences in health status, access to care, and quality of care as determined by race, ethnicity, sexual orientation, gender identity, a preferred language other than English, gender expression, disability status, aging population, immigration status, and socioeconomic status.*

New York Public Health Law – Article 2F

"It's about outcomes."

# \$237 BILLION

## OUR FY2025 STATE BUDGET





**\$101 BILLION**

NYSDOH's FY2025 BUDGET

**\$83 BILLION**

Medicaid

**\$13 BILLION**

Essential Plan

# Some current public health challenges and opportunities...

# Staffing Summary:

## DOH Total Fills, April 2021 - Present



# NYS's Health System Lags the Nation on Key Access, Quality, and Safety Measures

46th

## Longest average ED wait time:

3.3 hours vs. average of 2.6 hours nationwide

-5%

## Change in staffed beds:

2021-2023 average; more pronounced upstate (-12%)

2.6

stars

## Average CMS Quality Star rating for hospitals:

out of 5 vs. 3.2 nationwide

45th

## In Quality nationally:

Only 47% of NYS facilities holding 3+ CMS quality stars vs. 70% nationwide

40th

## In Hospital Safety nationally:

With an average Leapfrog Hospital Safety Grade of C and only ~11% of hospitals with a Grade of A

2.9

stars

## Average CMS Quality Star rating for nursing facilities:

Out of 5 vs. 2.8 nationwide

24%

## Of Managed Long Term Care plans have 1-2 stars:

Only 5 of 16 plans (17%) have 5 stars

Note: CMS quality stats include only Acute Care Hospitals and Critical Access Hospitals in NYS and US. Excluded hospitals for which star rating not available. Source: HERDS (2023), CMS Timely & Effective Care (2022), CMS (July 2023), Leapfrog Hospital Safety Grades (Spring 2023)

# Do we have regulatory gaps?

# Example of Regulatory Gap

When a physician who has engaged in misconduct in a facility is employed by a third party not licensed under the below sections of the law, such as a medical college or third-party physician staffing agency, rather than the facility...

...the facility can deflect reporting responsibility to the third party, which is not obligated to report the offense to the state.

**The physician may then leave that health system only to repeat the behavior at another health system.**

# Do We Have Outdated Regulations?



**Example of an outdated regulation that is no longer relevant and is never done in hospitals**

## **405.9 admission/discharge**

(12) Every patient shall have a complete history and physical examination performed by an appropriately credentialed practitioner within thirty days before or 24 hours after admission...

*(i) Such examination shall include a screening uterine cytology smear on women 21 years of age and over, unless such test is medically contraindicated or has been performed within the previous three years, and palpation of breast, unless medically contraindicated, for all women over 21 years of age. These examinations shall be recorded in the medical record.*



# Importance of Data and Data Importation

# Critical Importance of Data and Data Importation

- To identify public health data priorities
- To inform decisions, policies, planning and spending
- Aligns requirements and data standards
- Integrates data across Departments
- Maximizes technology such as Fast Healthcare Interoperability Resources (FHIR) capabilities to interact with data
- Increases usability with dashboards, repositories, public data sets, and tools for health care providers, public health partners and stakeholders

# What is Character and Competence?

# Character and Competence Review

- Required for Approval of new operators under Public Health Law
- Public Health and Health Planning Council is the final approving authority
- Based on:
  - Experience and past performance of proposed owners/operators
  - Record of violations, if any
  - For Hospitals, Nursing Homes and Diagnostic & Treatment Centers, a "substantially consistent high level of care" Section 2801-a(3)(b) of Public Health Law

# 1115 Waiver

## **\$7.5 Billion Agreement: \$6 Billion Federal Funding over Three Years**

- Supports Medicaid hospital global budget initiative
- Improves health equity and reduces health disparities
- Establishes Social Care Networks
- Creates Loan Repayment Program for Healthcare Professionals
- Establishes Career Pathways Training Programs
- Invests in behavioral and social care services, nutritional and housing support



# Strengthen the Workforce (\$694M)

The NYHER amendment will invest in workforce initiatives to support advancing health equity and addressing high demand workforce shortages to improve access to and quality of services.



Career Pathways Training Programs (\$646M)



Workforce Investment Organizations (WIOs)



Student Loan Repayment (\$48M)



# Social Care Networks (\$3.4B Services; \$500M Infrastructure)

## Targeted High-Need Populations Eligible for Enhanced HRSN Services

- Medicaid High Utilizers, including those experiencing homelessness
- Individuals with serious chronic conditions (e.g., two or more chronic conditions, HIV/AIDS) and enrolled in a Health Home
- Individuals with Substance Use Disorder, Serious Mental Illness, or Intellectual and Developmental Disabilities
- Pregnant persons, up to 12 months postpartum
- Children aged 0-6
- Children under 18 with chronic conditions
- Foster care youth, juvenile justice-involved, and those under kinship care
- Post-release criminal justice-involved individuals with serious chronic conditions



Housing  
Supports



Nutrition



Health-Related  
Social Needs  
Transportation



Health-Related  
Social Needs Case  
Management

# Essential Plan

## 1332 State Innovation Waiver

- \$13 Billion annual program moved to State Innovation Waiver authority
- Income eligibility limit raised to 250% of federal poverty line effective April 1, 2024
- Someone earning \$37,650 could obtain affordable coverage with no premium
- Helps additional 100,000 New Yorkers
- Subsidies to consumers 400% of federal poverty line for those in Qualified Health Plans, effective January 1, 2025



# Some closing thoughts...

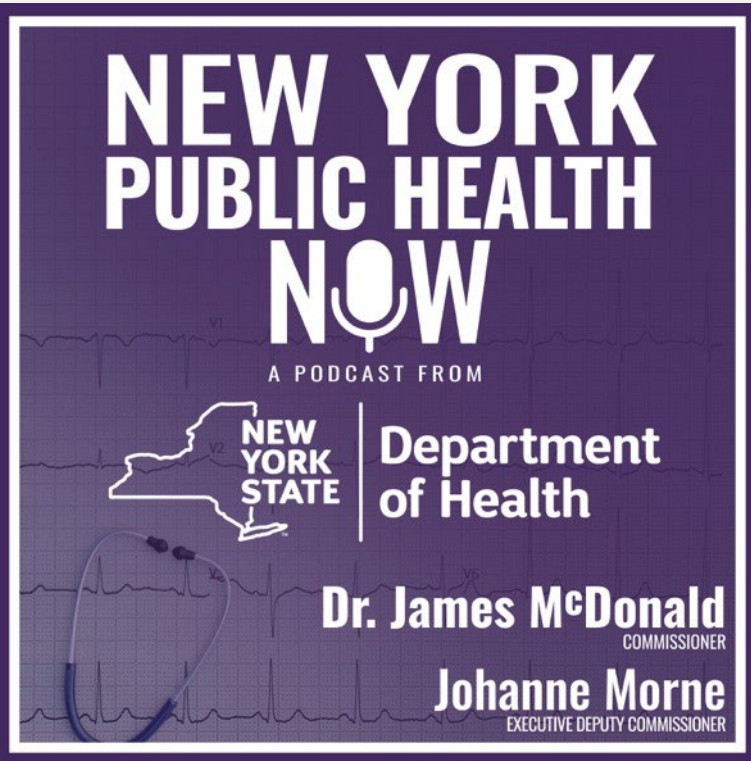
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# New York *Public Health Now* Podcast

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