



ADIRONDACK MEDICAL CENTER

Community Service Plan ~ 2009



Excellent Health Care ... Close to Home

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Introduction

Adirondack Medical Center is located in the heart of the Adirondack Park in rural, upstate New York. The full organization includes two acute care inpatient sites licensed to operate 97 beds; two long-term care sites licensed to operate 216 beds; three primary health clinics; and a dental clinic. Fifty physicians, board certified in 21 specialties, work with the hospital to provide a wide range of medical and surgical services.

Adirondack Medical Center's hospital offers regional specialties that draw patients from an even larger geographic area; these include the Colby Center for Psychiatry, which serves the inpatient needs of adults fifty-five years of age and older from ten counties, our Sports Medicine program which treats local residents as well as Olympic-caliber athletes, and our Bariatric Center of Excellence which treats people from across upstate New York and Canada.

Adirondack Medical Center's hospital is the only full service hospital in the Adirondack Park and is designated a Sole Community Provider hospital by the federal government with the closest comparable medical facility almost 50 miles from our main campus. Our organization is the largest private employer in the Adirondack Park. We are an integral part of the community as the only acute care facility and the predominant provider of ambulatory services in our service area. Our patients are often our family members, friends, and neighbors, and it is these deep connections that motivate us to live up to our mission, Excellent Health Care, Close to Home, everyday.

This year Adirondack Medical Center, and hospitals across New York State, participated in a new public health initiative. In an effort to support the Commissioner of Health's statewide mission to improve the health of all New Yorkers, the Commissioner asked hospitals to participate in a collaborative approach to community health assessment and planning and to document those efforts in this Community Service Plan. This initiative seeks to integrate traditional medical services with public health interventions that stimulate positive behavioral changes to improve health status.

Due to the size of Adirondack Medical Center's service area, the hospital participated in two regional community health assessment initiatives – a six county initiative facilitated by the Adirondack Rural Health Network (ARHN), and a three county initiative led by the local health departments. These initiatives used similar processes to determine community health priorities.

Both initiatives included a range of community partners, including local health departments, to address the Commissioner's public health priorities identified in the Prevention Agenda toward the Healthiest State. By participating in this public health effort, Adirondack Medical Center supports the overall goals of the New York State Health Department which are to focus on primary/secondary disease prevention, promote access to quality health care services and eliminate health care disparities where they exist.

For the six county initiative, ARHN provided a forum where the various community partners could come together to effectively collaborate and to provide resources for the development of each county's Community Health Assessment and each hospital's Community Service Plan. It was agreed early on in the process that ARHN would prepare a comprehensive collection and analysis of data regarding the health issues and needs in Essex, Fulton, Hamilton, Saratoga, Warren and Washington counties. The hospital partners include Adirondack Medical Center,

Elizabethtown Community Hospital, Glens Falls Hospital, Moses-Ludington Hospital, Nathan Littauer Hospital, and Saratoga Hospital. The report is entitled *Building a Healthy Community*.

For the three county initiative, the Local Health Departments (LHD) facilitated the process. The LHDs compiled the community health data and worked with community partners to analyze it and use it to choose local health priorities. The hospital partners include Adirondack Medical Center, Alice Hyde Medical Center, Champlain Valley Physicians Hospital, Elizabethtown Community Hospital, and Moses-Ludington Hospital. The report is entitled *MAPPING our way to a Healthier Community*.

Both reports are comprised of three parts which reflect the collaborative nature of the process:

1. A compilation of health care data and analysis regarding the health status of the residents of the region and each county therein
2. The Local Health Departments' Community Health Assessments for each county as appendices
3. The hospitals' Community Service Plans as appendices

Both processes achieved the Commissioner's goal of creating a collaborative approach to enable the participants to meet the needs of our communities while avoiding duplicative efforts and achieving economies of scale. By collaborating with community health partners and developing a collaborative approach, all participating members will be better able to meet the needs of the community by focusing resources on health care needs that are common to the region.

Mission Statement for Adirondack Medical Center

Mission: Excellent Health Care Close to Home

Vision: We shall be the pre-eminent provider of compassionate, vital individual-centered health services in the North Country, so to enrich the lives of those we serve.

Guiding Principles: In 2008 Adirondack Medical Center employees revised their Guiding Principles. The following was the result of the enterprise wide vote.

Compassionate Deep awareness of the needs and suffering of others with the desire, commitment and tenderness to help them.

Accountable Responsible and answerable to all (patients, residents, co-workers, medical staff and community) for the best overall outcome.

Respectful Courteous concern for the well being and situation of others.

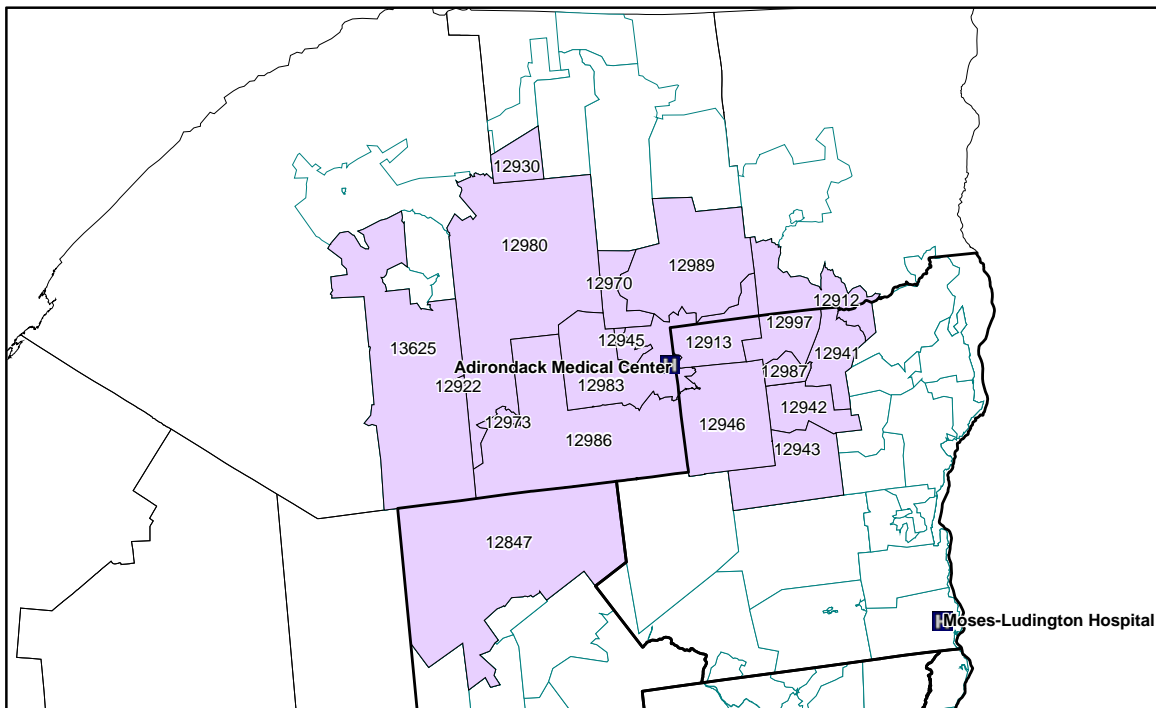
Exceptional Outstanding and extraordinary performance in the delivery of health care service to all.

Service Ready to be of help to someone at all times or ready to deliver competent health care to all at all times.

Adirondack Medical Center Service Area

The hospitals' Primary and Secondary Service Areas include portions of five counties: southwestern Clinton, northwestern Essex, southern Franklin, northern Hamilton, and southeastern St. Lawrence County. This service area covers over 1,200 square miles with an average of just over 30 people per square mile. Adirondack Medical Center is the principal provider of acute care for 77.3% of the 23,443 residents in our Primary Service Area and we care for approximately 28.6% of the 12,778 residents in our Secondary Service Area. This service area provides some unique challenges with an average seasonal snowfall in excess of 90 inches and an average mean temperature in January of 16 degrees Fahrenheit.

Adirondack Medical Center's Service Area



In 2008, just over 3,100 residents of Adirondack Medical Center's service area required hospitalization. Of this total, 1,878 (60.5%) were discharged from Adirondack Medical Center. These discharges represented 74% of the total discharges from Adirondack Medical Center. The following table shows the patient distribution by ZIP Code for Adirondack Medical Center.

2007 Patient Origin for Adirondack Medical Center¹

ZIP Code Of Patient Residence	Town Name	Discharges From All NYS Hospitals	Discharges From Adirondack Medical Center	Adirondack Medical Center Percent of Total	Adirondack Medical Center Dependency	Adirondack Medical Center Market Share
12847	Long Lake	76	31	1.7%	1.7%	40.8%
12912	Au Sable Forks	225	23	1.2%	2.9%	10.2%
12913	Bloomingdale	94	74	3.9%	6.8%	78.7%
12922	Childwold	7	2	0.1%	6.9%	28.6%
12927	Colton	166	10	0.5%	7.5%	6.0%
12930	Dickson Center	41	6	0.3%	7.8%	14.6%
12941	Jay	115	28	1.5%	9.3%	24.3%
12942	Keene	45	21	1.1%	10.4%	46.7%
12943	Keene Valley	86	44	2.3%	12.7%	51.2%
12945	Lake Clear	47	38	2.0%	14.7%	80.9%
12946	Lake Placid	495	391	20.8%	35.6%	79.0%
12970	Paul Smiths	21	17	0.9%	36.5%	81.0%
12973	Piercefield	25	16	0.9%	37.3%	64.0%
12976, 12989	Vermontville	75	51	2.7%	40.0%	68.0%
12980	Saint Regis Falls	108	29	1.5%	41.6%	26.9%
12983, 12939, 12977	Saranac Lake	758	560	29.8%	71.4%	73.9%
12986	Tupper Lake	618	492	26.2%	97.6%	79.6%
12987	Upper Jay	22	6	0.3%	97.9%	27.3%
12997	Wilmington	78	39	2.1%	100.0%	50.0%
Service Area Total		3,102	1,878			60.5%
	Other Areas		678	26.5%	26.5%	
Adirondack Medical Center Total			2,556	100.0%		

Based on estimates for 2008, 36,221 people live within Adirondack Medical Center's service area of which 52.5% are male and 47.5% are female. Of the total female population, approximately 39% are of child-bearing age. People over the age of 65 constitute 14.8% of the population and children under the age of 15 make up 14.4% of the population. The household income is lower than the average for the United States. Fifty eight percent of the service area households earn less than \$50,000 which is a higher percentage than the US population at 50%. Ethnically, 92.7% of the population is white, non-Hispanic and 21% of the population has achieved an educational level of Bachelor's degree or higher. By 2013 the population of this area is expected to grow by almost .5%. With limited population growth, the demographic profile of the area is expected to shift. Due to this limited growth, the average age of the population will naturally increase. The impact of this will be seen as a decrease in the percent of the population between 0-17 and increase in the percent of the population between the ages of 55-65+. The following tables summarize the socio-demographic profile for the residents of Adirondack Medical Center's service area.²

¹ Source: Brim Healthcare, March 2009; Solucient; Thomson Reuters/Market Expert - NY State Department of Health's Statewide Planning and Research Cooperative System (SPARCS)

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DEMOGRAPHIC CHARACTERISTICS						
	AMC Area	USA				
2000 Total Population	36,004	281,421,906				
2008 Total Population	36,221	304,141,549				
2013 Total Population	36,406	319,161,431				
% Change 2008 - 2013	0.5%	4.9%				
Average Household Income	\$53,175	\$67,918				
	2008	2013	% Change			
Total Male Population	19,017	19,099	0.4%			
Total Female Population	17,204	17,307	0.6%			
Females, Child Bearing Age (15-44)	6,675	6,394	-4.2%			
% Unemployment	9.1%					
% USA Unemployment	5.6%					
POPULATION DISTRIBUTION						
	Age Distribution					
Age Group	2008	% of Total	2013	% of Total	USA %	
0-14	5,229	14.4%	4,941	13.6%	20.1%	
15-17	1,496	4.1%	1,289	3.5%	4.3%	
18-24	3,669	10.1%	3,628	10.0%	9.8%	
25-34	5,157	14.2%	5,298	14.6%	13.4%	
35-54	10,955	30.2%	10,270	28.2%	28.6%	
55-64	4,345	12.0%	5,087	14.0%	11.0%	
65+	5,370	14.8%	5,893	16.2%	12.7%	
Total	36,221	100.0%	36,406	100.0%	100.0%	
HOUSEHOLD INCOME DISTRIBUTION						
	Income Distribution					
2008 Household Income	HH Count	% of Total			USA %	
<\$15K	2,125	14.6%			12.8%	
\$15-25K	1,950	13.4%			10.7%	
\$25-50K	4,359	30.0%			26.4%	
\$50-75K	3,105	21.4%			19.5%	
\$75-100K	1,476	10.2%			12.0%	
Over \$100K	1,522	10.5%			18.6%	
Total	14,537	100.0%			100.0%	
EDUCATION LEVEL						
	Education Level Distribution					
2008 Adult Education Level	Pop Age 25+	% of Total			USA %	
Less than High School	1,577	6.1%			7.5%	
Some High School	3,191	12.4%			11.9%	
High School Degree	8,958	34.7%			28.4%	
Some College/Assoc. Degree	6,688	25.9%			27.6%	
Bachelor's Degree or Greater	5,413	21.0%			24.6%	
Total	25,827	100.0%			100.0%	
RACE/ETHNICITY						
	Race/Ethnicity Distribution					
Race/Ethnicity	2008 Pop	% of Total			USA %	
White Non-Hispanic	33,563	92.7%			65.4%	
Black Non-Hispanic	1,151	3.2%			12.1%	
Hispanic	771	2.1%			15.2%	
Asian & Pacific Is. Non-Hispanic	242	0.7%			4.5%	
All Others	494	1.4%			2.8%	
Total	36,221	100.0%			100.0%	

Public Participation

The six county process was facilitated by Adirondack Rural Health Network (ARHN). ARHN was established in 1992 through a New York State Department of Health Rural Health Network Development Grant as a community partnership of public, private and non-profit organizations in Upstate New York. ARHN creates a collaborative process for developing strategies and for implementing, monitoring and evaluating the regional health care system.

As a member of ARHN, Adirondack Medical Center actively supported and participated in the gathering of information from a variety of stakeholders. This process was conducted regionally through both a survey and focus groups.

Following up on a survey they conducted in 2003, the ARHN Steering Committee developed a survey of 115 questions that could be answered over the telephone in less than 20 minutes.³

The telephone survey was conducted by the Siena Research Institute. The Siena researchers worked closely with the ARHN Steering Committee and Holmes & Associates to ensure the quality of the survey questionnaire. The telephone surveys began on January 16, 2004 and were completed by March 1, 2004 for Essex, Hamilton, Warren and Washington Counties, and for the northern, more rural portions of Saratoga County. The Siena Research Institute completed an additional survey effort for the ARHN in May 2007 to include 300 households from Fulton County, as well as for the southern portion of Saratoga County.

The ARHN Stakeholder Focus Groups⁴ were conducted to obtain in-depth feedback related to what community leaders and consumers identified as the biggest challenges and assets in the community. The purpose of the extensive data gathering was to gain a broad and diverse picture of the health and healthcare issues of the region. The information gathered at each focus group was integrated into a comprehensive regional community health assessment report to complement the quantitative data that has been previously collected.

The focus groups were conducted from December 2008 through May 2009. There were 24 groups conducted throughout the six county region and a total of 286 participants. The trained facilitators identified groups of stakeholders who were contacted to host and participate in focus groups. The groups included:

- Aging, Long Term Care & Disability
- Consumer Groups
- Correctional Facility Residents and Staff
- Employers
- Government
- Providers of health and human services
- School Youth Groups

Outcomes of these focus groups included:

- Identification of barriers to accessing health care
- Discussing and determining health care priorities
- Generation of community/policy change ideas

³ The survey data tables can be viewed online at <http://www.arhn.org/regional-health-assessment.php>. The survey data can be queried online at <http://www.arhn.org/online-query-tools.php.assessment.php>. Survey data findings are presented throughout the ARHN report, "Building a Healthy Community: 2009 Community Health Assessment and Community Service Plan." where the data has relevance to specific health issues.

⁴ The complete ARHN focus group report is detailed in "Building a Healthy Community: Health Assessment and Community Service Plan September 2009."

The Three County initiative utilized the full MAPP (Mobilizing for Action through Planning & Partnership) Committee for the public participation. The full MAPP Committee is comprised of over 50 individuals in a wide variety of organizations and agencies working in the three counties. In June 2009 a full MAPP meeting was held.

The county health data was presented to the full MAPP Committee. The MAPP Committee members were broken up into seven facilitated focus groups. The focus groups discussed the selected Prevention Priorities. The focus group information was reported back to the full MAPP Committee.

Assessment of Public Health Priorities

In response to this statewide call to action, the partners in the ARHN region came together in 2008 to evaluate their past efforts and continue to improve their community health assessment and intervention planning process. In 2009, the Committee was re-energized with the increased involvement of representatives from each of the hospitals in the ARHN area. Their active participation allowed the Committee to expand its research and analysis to include hospital utilization data. The hospitals' involvement also resulted in an enhanced priority setting process that addressed both the needs of the county public health departments and their required Community Health Assessment (CHA) documents, as well as the needs of the hospitals and their required Community Service Plans.

The data collection, analysis and reporting process was managed by the ARHN staff and supported through the efforts of Strategy Solutions and Holmes & Associates. From August 2008 through August 2009, members of the Committee met fourteen times to provide guidance on the components of the six-county study.

The data collection and analysis included six key components:

- The New York State Department of Health conducted an extensive Behavioral Risk Factor Surveillance Survey (BRFSS) in 2008.
- The 2004/07 ARHN Household Telephone Survey Data
- County, region and state disease incidence, and Healthy People 2010 goals
- New York State Prevention Quality Indicator data (PQI)
- Hospital utilization data from the Statewide Planning and Research Cooperative System (SPARCS)
- Input regarding barriers to health and ideas/priorities to improve the health of the community gathered from 286 individuals and agency representatives through 24 qualitative focus groups

In June 2009, based on the information gathered in this community health assessment, the community service plan, and the guidelines set forth in the New York State Prevention Agenda and Healthy People 2010, the Committee convened to discuss and analyze all of the health indicator information contained in the study. They also engaged in a best practice priority setting process to determine the top priority health issues.

The criteria ranking of the ten health priority areas were very close. In order to be precise in their decision-making, the Committee completed a paired comparison exercise. In this exercise the Committee compared the top six health areas against each other, determining the higher priority area in each case. The results of all the paired comparisons were tallied and the scores added to the overall priority ranking to determine the final list of the top six priority health areas for the ARHN region, with Physical Activity and Nutrition topping the list.

Adirondack Medical Center Community Service Plan

Criteria Ranking		Criteria Ranking Plus Paired Comparison	
Prevention Agenda Areas	Score	Prevention Agenda Areas	Score
Tobacco Use	72.75	Physical Activity & Nutrition	76.8
Community Preparedness	59.45	Chronic Disease	66.3
Physical Activity & Nutrition	58.78	Access to Quality Health Care	61.1
Chronic Disease	57.05	Tobacco Use	40.0
Infectious Disease	56.12	Community Preparedness	27.4
Access to Quality Health Care	54.72	Infectious Disease	27.4
Healthy Mothers, Healthy Babies & Healthy Children	50.55		
Healthy Environment	47.68		
Mental Health & Substance Abuse	44.35		
Unintentional Injury	40.87		

The Priority Selection Process for the three county initiative included the following:

1. Data collection using the NYS Prevention Agenda and other Community Health Assessment indicators by the Data Collection & Needs Assessment Committees
2. Compilation and analysis of the Data by the Data Collection Committee
3. Selection of first round of priorities using a prioritization matrix and strategy by the Leadership Committee and Hospital Partners

The prioritization matrix was created as a system of scoring the Prevention Agenda items High, Medium, or Low in the following categories:

- Magnitude of the problem
- Variance against benchmark/goal
- Effectiveness/ease of solution
- Leadership/constituencies
- Social and political acceptability/ethics

The Results

	Access	Tobacco	Mothers, Babies, Children	Physical Activity/ Nutrition	Unintentional Injuries	Healthy Environment	Chronic Disease	Infectious Disease	Mental Health/ Substance Abuse
Total	57	66	56	61	51	39	58	50	54
Order	4	1	5	2	7	9	3	8	6

4. Selection of final priorities by sharing first round priorities with the Full MAPP Committee for their input in the form of focus groups. There were seven focus groups with representatives from Clinton, Essex and Franklin counties. Focus group information was reported back to the Full MAPP Committee and then also compiled and reviewed again by the Leadership and Needs Assessment Committees. These committees weighed the data and focus group information in order to come to group consensus and select final priorities.

The Priorities

Both initiatives chose Physical Activity/Nutrition as a top priority. The three county initiative has added (Chronic Disease) to that in parenthesis. The reasoning is that the two are often closely linked and working on the one will have an impact on the other. The second full priority is Access to Quality Health Care.

Three Year Plan of Action

Prevention Agenda Priority: PHYSICAL ACTIVITY & NUTRITION

New Priority for Adirondack Medical Center?

No

Long-Term Regional Goal: Positively impact physical activity and nutrition in the region

Measures of Effectiveness

Outcome	Strategies	Adirondack Medical Center Department Responsible	Regional and Community Partners
OUTCOME 1: Establish a Task Force of regional representatives whose goal is to select activities, design an implementation schedule and select a method of evaluation for evidence-based programs focusing on physical activity and /or nutrition by January 1, 2010 for year 2 and 3 implementation.	1. Identify ARHN staff to facilitate activities of 3-year plan	Administration	Community Health Planning Committee
	2. Community Health Planning Committee compiles list of physical activity and nutrition experts as potential members of task-force	Administration	Community Health Planning Committee
	3. ARHN & Committee members solicit interest in task force & determine participation	Administration	Community Health Planning Committee
	4. Convene Task Force, initial meeting held or strategic planning session planned and conducted	Administration Nutritional Services Physical Therapy & Sports Medicine Others as Identified	Community Health Planning Committee
	5. Summary outlining planning priorities provided to partners	Administration Nutritional Services Physical Therapy & Sports Medicine Others as Identified	Community Health Planning Committee Regional Task Force
OUTCOME 2: Work plan(s) with measurable outcomes, implementation schedules and budgets developed by Task Force by June 30, 2010.	1. Task Force needs and structure determined	Nutritional Services Physical Therapy & Sports Medicine Others as Identified	Regional Task Force
	2. Priority programs identified	Nutritional Services Physical Therapy & Sports Medicine Others as Identified	Regional Task Force

Outcome	Strategies	Adirondack Medical Center Department Responsible	Regional and Community Partners
<p>OUTCOME 2: (cont.) Work plan(s) with measurable outcomes, implementation schedules and budgets developed by Task Force by June 30, 2010.</p>	3. Implementation plan developed using logic model and Task Force responsibilities identified	Nutritional Services Physical Therapy & Sports Medicine Others as Identified	Regional Task Force
	4. Outcomes and evaluation methods determined	Nutritional Services Physical Therapy & Sports Medicine Others as Identified	Regional Task Force
	5. Budget(s) developed and recommendations made to Community Health Planning Committee for approval	Administration Nutritional Services Physical Therapy & Sports Medicine Others as Identified	Regional Task Force
	6. Work plan(s) finalized and recommendations made to Community Health Planning Committee for approval	Administration Nutritional Services Physical Therapy & Sports Medicine Others as Identified	Community Health Planning Committee Regional Task Force
<p>OUTCOME 3: Physical activity and/or nutrition interventions are implemented by Task Force by June 30, 2011.</p>	1. ARHN provides oversight of Task Force activities/programs and administrative functions	Administration	ARHN Staff
	2. Work plan activities commence, Task Force begins data collection and assessment of activities	Nutritional Services Physical Therapy & Sports Medicine Others as Identified	ARHN Staff Regional Task Force Other community stakeholders as identified by Task Force
	3. Task Force collects and reports data	Nutritional Services Physical Therapy & Sports Medicine Others as Identified	ARHN Staff Regional Task Force Other community stakeholders as identified by Task Force

Outcome	Strategies	Adirondack Medical Center Department Responsible	Regional and Community Partners
<p>OUTCOME 4: Physical activity and/or nutrition interventions are evaluated and results are communicated to stakeholders by June 30, 2012.</p>	1. Data collection on specific interventions completed and results submitted to ARHN Staff	Nutritional Services Physical Therapy & Sports Medicine Others as Identified	ARHN Staff Regional Task Force
	2. Data/evaluation compiled and analyzed by ARHN and Task Force to determine impact of interventions and activities	Nutritional Services Physical Therapy & Sports Medicine Others as Identified	ARHN Staff Regional Task Force
	3. Regional summary developed by ARHN Staff and shared with ARHN Partners and other stakeholders	Administration	ARHN Staff Community Health Planning Committee
	4. Conduct assessment of approach and procedures that were used throughout the 3-year process to evaluate the success of the regional action plan	Administration	ARHN Staff Community Health Planning Committee
	5. Share lessons learned from process evaluation with Community Health Planning Committee	Administration	ARHN Staff Community Health Planning Committee

Prevention Agenda Priority: Access to Quality Health Care

New Priority for Adirondack Medical Center?	No
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Long-Term Regional Goal: Improve Access to Quality Care

Measures of Effectiveness

Outcome	Strategies	Adirondack Medical Center Department Responsible	Regional and Community Partners
<p>OUTCOME 1: Complete development and planning for the Adirondack Medical Home Pilot by December 31, 2009.</p>	<p>1. Work with NYSDOH to establish pilot</p>	<p>Administration Medical Staff Office AMC Health Centers</p>	<p>Other area Hospitals Participating Health Insurance Companies</p>
<p>OUTCOME 2: Complete regional baseline readiness assessment for Adirondack Regional Medical Home Pilot by March 30, 2010.</p>	<p>1. Work with consultants to assess organizational, technological, and financial readiness</p>	<p>AMC Health Centers Medical Staff Office Tri-Lakes Medical Home Team</p>	<p>Other area Hospitals Participating Health Insurance Companies Trudeau Health Systems MSSNY NYSDOH</p>
<p>OUTCOME 3: Practices involved in the Pilot obtain National Committee for Quality Assurance (NCQA) recognition as a Patient Centered Medical Home (PCMH) by December 31, 2010.</p>	<p>1. Enable e-prescribing in Health Centers</p>	<p>Medical Staff Office Tri-Lakes Medical Home Team AMC Health Centers</p>	<p>Other area Hospitals Participating Health Insurance Companies NYSDOH Other Physician Offices Trudeau Health Systems</p>

Outcome	Strategies	Adirondack Medical Center Department Responsible	Regional and Community Partners
	2. Health Center EMRs enabled to support PCMH Level 2	AMC Health Centers Medical Staff Office Tri-Lakes Medical Home Team	Other area Hospitals Participating Health Insurance Companies NYSDOH Physician Offices Trudeau Health Systems
OUTCOME 4: Medical Home evaluation results are collected by December 31, 2011	1. Data collection on specific interventions	AMC Health Centers Medical Staff Office Tri-Lakes Medical Home Team	Other area Hospitals Participating Health Insurance Companies NYSDOH Physician Offices Trudeau Health Systems
	2. Data/evaluation compiled and analyzed	AMC Health Centers Medical Staff Office Tri-Lakes Medical Home Team	Other area Hospitals Participating Health Insurance Companies NYSDOH Physician Offices Trudeau Health Systems

Financial Aid Program

In 2005 Adirondack Medical Center implemented a revised Financial Assistance (Charity Care) Policy. Our policy links the Financial Aid process with a visit to the Facilitated Enroller. We believe that our policy is a best practice as it is intended to get the patient into the system with preventive and comprehensive health care rather than simply providing episodic care. Any patient who contacts Scheduling or presents to any Adirondack Medical Center department (including Admitting, Emergency Room, etc.) and does not identify an insurance company or identifies him or herself as self-pay is informed of our self-pay process including information about Adirondack Medical Center's Financial Aid Policy.

In 2008 a total of 154 patients qualified for Financial Aid. Through Adirondack Medical Center's Financial Assistance Policy 71 people that applied for Financial Assistance not only received immediate assistance with their current hospital charges but also were signed up for Health Insurance. Of those, 47 were enrolled in Medicaid, Child Health Plus, Family Health Plus or Healthy New York. The other 24 were enrolled in other insurance including health plans with insurance companies.

Adirondack Medical Center tries a variety of avenues to communicate with patients about the availability of our Financial Assistance Program including posting it on our website and printing information about it at the bottom of every statement that is mailed out to patients.

Adirondack Medical Center is continually trying to overcome barriers to patients accessing the Financial Aid program. One of the more successful changes was renaming the program Financial Aid instead of Charity Care, which was a psychological barrier for many patients. Another barrier is getting patients to complete the application. We have tried to make it as simple as possible by providing a Financial Councilor on our staff to help patients complete the process.

Adirondack Medical Center posts information about our Financial Aid program on our website: <http://www.amccares.org/patients-and-visitors/billing-information.html>

In 2008 Adirondack Medical Center provided \$4.1 million in Financial Assistance (Charity Care) and Uncompensated Services. The financial details can be found in the Institutional Cost Report (ICR) as reported to the New York State Department of Health.

Impacts of Operational Changes

Adirondack Medical Center is the only full service hospital located within the Adirondack Park. The hospital faces many unique challenges, but also must contend with some more universal challenges facing many New York State hospitals:

- Compliance with regulations which in some cases are burdensome and outdated
- Continuous improvements in quality of care
- Access to new effective and expensive technology
- Efforts to control health care expenditures, reimbursement rates and insurance costs
- Methods to assist the growing number of people without health insurance
- Ways to address workforce shortages

Adirondack Medical Center is also facing some more specific operational challenges. The New York State Legislature passed the 2010 budget which will have a \$579,000 negative impact on Adirondack Medical Center's budget. The areas where Adirondack Medical Center is hardest hit are reimbursement reform, trend factor cuts, and the gross receipts tax. This impending reduction will have an impact on the overall operations of the organization.

Although Adirondack Medical Center has been aggressively recruiting providers, the physician losses we have already experienced are exacerbated by the difficulty of recruiting physicians to a rural area. It is hard for Adirondack Medical Center and our affiliated physician practices to compete with salary guarantees offered in urban areas. The result of this challenge is that the loss of one provider or the inability to recruit a new one can have a serious impact on access to care for our community members in this remote, rural area.

One of the biggest challenges facing the hospital is the acquisition two years ago of two Skilled Nursing Facilities. Well over 80% of the nursing home residents are on Medicaid. The Medicaid reimbursement rate is inadequate to support the care the residents need. The financial losses experienced by the nursing homes have a serious impact on the operating budget for the entire organization, including the hospital.

Adirondack Medical Center has been working hard to respond proactively to these operational challenges. Adirondack Medical Center and our affiliated physicians are an important part of the Adirondack Regional Medical Home Pilot, which is supported by NYSDOH. This project brings together the primary care providers and the insurance companies to pilot a completely redesigned system of primary care for the patients and a realigned model for reimbursement for the physicians. The goal is to improve quality and access to care for our community members while improving conditions for physicians, which will help retain current physicians and recruit new ones. The regional participants in this project have applied for a HEAL 10 grant to fund a more comprehensive regional electronic information sharing network.

Adirondack Medical Center is taking a comprehensive look at all of our facilities. One of the results of purchasing the two nursing homes in 2007 is that Adirondack Medical Center now owns two separate facilities in Lake Placid. Adirondack Medical Center is looking at the potential of consolidating all of our health services to one campus. This process has included examining the current services, the need for new services, and potential efficiencies. A Task Force comprised of members of the Board of Trustees and Adirondack Medical Center staff is examining this potential with the goal of "Developing and planning the most efficient configuration of Adirondack Medical Center services in Lake Placid driven by community health need."

Dissemination of the Report

Adirondack Medical Center's Community Service Plan will be widely disseminated. We will create a summary of the Community Service Plan and make this available to the public as a brochure available at the hospital. The full Community Service Plan will be available on our website. Our website already has an extensive section on our Financial Aid process. The Full Community Service Plan will also be distributed as part of both the six county and the three county full Community Health Assessment reports.

The six county initiative will post the full document, including all hospital Community Service Plans, to their website, www.arhn.org. ARHN will also distribute the full report in a printed version and as a CD. After the full report is complete, ARHN will send out a press release and

organize a press conference to launch the full report to inform organizations, agencies and community members what is available and how to access it.

The three county initiative will distribute the full report, including all hospital Community Service Plans, as a printed document and as a CD. It will be distributed to local and state governments, hospitals, other health care providers, libraries, schools, and community based organizations. The full reports will also be posted to the three county Health Department websites.