1.10 c - Increased cultural competency in patient care

- **Clinical faculty will receive in-service training relative to cultural competency in patient care beginning in 2009-10 and in alternate years thereafter.**

  Actions:
  - Chief Diversity Officer named (Dr. Chung)
  - Three constituencies to be targeted (Faculty, Staff, Students)
  - Survey planned to determine specific needs for training

March 2010 – Introduced cultural sensitivity during a UEC staff meeting

- **Guidelines developed by ASCO's Diversity Task Force will be incorporated into the clinical education and clinical practice.**

  Needs to be determined

Integrative Seminar - Discussed as needed
3.1 a – Improving Patient Lives -
Increased public awareness of UEC

- **A public relations plan, revised annually will be developed.**
  - Work Plan Reviewed Annually with DCF
  - New Logo implemented
  - Website Redesign
  - Posters in Lobby
  - Events Calendar
  - PR Films
  - New Recall Card
  - New Brochures: Referral and UEC
  - New Promotional Material to be developed – Pediatric Eye Care Brochure

- **At least one community-based survey per year will be conducted to evaluate awareness of the UEC.**
  - To Be Developed by DCF
3.1 a - Increased public awareness of UEC

- **Annual focus groups of existing and potential patients will be held.**
  To Be Developed with DCF

- **Website "hits" will increase by 20% by 2010-2011.**
  See Next Slide

- **Letters to community/corporate entities in our immediate area will be sent out on an annual basis.**
  To Be Developed with DCF and VPIA (obtain “Community Residents” lists from Bryant Park and Times Square BID)
3.1a - Increased public awareness of UEC – Hits to Website

<table>
<thead>
<tr>
<th>Year</th>
<th>Page Views</th>
<th>Unique Page Views</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2008-June 2009 (UOC)</td>
<td>83,327</td>
<td>63,235</td>
</tr>
<tr>
<td>July 2009-June 2010 (UOC)</td>
<td>54,194</td>
<td>41,969</td>
</tr>
<tr>
<td>July 2009-June 2010 (UEC)</td>
<td>63,954</td>
<td>47,447</td>
</tr>
<tr>
<td>Total 2009-2010</td>
<td>118,148</td>
<td>89,416</td>
</tr>
<tr>
<td>%Increase</td>
<td>42%</td>
<td>41%</td>
</tr>
</tbody>
</table>
3.1 a - Increased public awareness of UEC – Hits to Website

• Issues about the accuracy of the data:
  – UEC/UOC (Not sure if unique number)
  – Site Development (lots of beta testing during the development of the test site)
3.1 b - Expansion of UEC off-site locations

- An expansion plan to develop off-site clinical services in underserved communities will be developed and implemented by Spring 2010 and the plan will be revised annually.
  Lutheran Medical Center – 2009/2010
  2009-2010 – Helen Keller Program

- Annual review of Article 28 status re: extension and part-time clinics will take place.

Annual Review – Working with ParCare
3.1 c - Expansion of Home-Bound Program

- **By 2013, an additional 1,000 homebound patient visits, the majority of whom reside outside Manhattan, will be served.**
  
  Number Needs to Revised – 1,000 too much – change to 200
  
  Queens and Manhattan – 143 in 2010
  
  Grant Dependent work with VPIA

- **An additional .2 FTE will be dedicated to homebound visits by 2009-2010.**

Goal Accomplished – Dr. Levine
3.1 d - Increase patient visits

- **There will be an average annual growth rate of 5% in the number of UEC patient visits for the next five years.**
  
  See Previously Discussed Chart
  
  The UEC will analyze data to determine the % of established patients returning for annual visits.

  Data to be analyzed

- **The UEC will implement a retention program for established patients.**
  
  Targeted Letters to Patients – Glaucoma, Diabetes, etc
  
  Annual Diabetes Program in November
  
  Patient satisfaction surveys to be conducted on the clinical floors
  
  Discussion with DCF on other strategies

- **The UEC will increase the number of managed care products we participate with on an annual basis.**
  
  2009/2010 - 1199 and Fidelis
  
  2010/2011 – Amerigroup; Wellcare; HealthPlus; Health First;
  
  % of doctors in plans – see metrics at end
3.1 e - Increase patient referrals

- The UEC will receive at least 3,000 referral visits per year, via its internal Referral Service, by 2013.
  
  Objective Met

- The number of referral providers will increase by 5% annually.
  
  See next slide

  More data needs to be collected

- Referral provider surveys will be conducted annually to assess satisfaction with service.
  
  Performed in 2009 –
  Currently being performed for 2010
3.1. e - The number of referral providers will increase by 5% annually.
Annual Survey of Referring Doctors

Annually, a survey is conducted of our referring doctors. They are asked the following questions:

1. Are you satisfied with the Referral Service overall? Yes  No
   Specifically...
   a. Ease of making referral Yes  No
   b. Appointments scheduled for your patients in a timely manner Yes  No
   c. Notification of your patients’ scheduled appointment Yes  No
   d. Consultation report back to you in a timely fashion Yes  No

2. Are your patients satisfied with our services? Yes  No

3. Please feel free to share your suggestions and/or comments
Survey Responses

Referral Service Satisfaction Survey Responses

- 2008: 43 responses, 11 surveys mailed out
- 2009: 87 responses, 21 surveys mailed out
Survey Responses

Referral Service Provider Satisfaction Survey

<table>
<thead>
<tr>
<th>Category</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Satisfaction</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Ease of Making Referral</td>
<td>100</td>
<td>86</td>
</tr>
<tr>
<td>Timely Appt Scheduling</td>
<td>100</td>
<td>95</td>
</tr>
<tr>
<td>Notification of Scheduled Appt</td>
<td>91</td>
<td>86</td>
</tr>
<tr>
<td>Timely Consultation Report</td>
<td>91</td>
<td>100</td>
</tr>
<tr>
<td>Patients Satisfied w/ Services</td>
<td>82</td>
<td>95</td>
</tr>
</tbody>
</table>
3.1 f - Expand support groups and patient education

- **The number of patient support groups will increase by at least one per year from 2009 to 2013.**
  
  Change objective to one new support group within reporting period

- **Patient education programs will developed for on-line use and expanded to at least 10 such programs by 2013.**
  
  To be developed and defined

- **Data will be reported annually on the number of patients attending support groups and the number viewing patient education programs on the web.**
  
  Data will be collected
3.1 g - Educate students re: patient insurance coverage

- **At least one in-service session per year will be held for clinical faculty on options for patients who are under-insured or uninsured.**
  
  Discussed at June Staff Meeting (June 9, 2009)
  Will be Discussed at October 13, 2010 Staff Meeting

- **Clinic orientation for students, beginning in 2009, will include discussion of how to accommodate patients who are uninsured or under-insured.**
  
  Discussed June 8, 2009
  Discussed for Current First Year at Orientation (September 2010)

- **Annual coding lectures will be provided for faculty.**
  
  June 5, 2009
  Coding Tidbits
  October 13, 2010 Staff Meeting
3.1 h - Increase funding for needy patients

- **Funding for patient financial assistance will increase by 20% per year.**
  
  OCNY: FY 2009: $100,000  FY 2010: FY $105,000 = 5% Increase
  
  Plan to Increase to be developed with VPIA

  **An annual update of the indigent fund will be provided to the OCNY along with an update on the need for additional funding as needed and appropriate.**

  Performed Annually

- **One additional grantor will be accessed annually for indigent funds.**

  Donors since 2009:

  Reuss($25,000 Annually); Reader‘s Digest ($30,000)
  Hugoton ($5,000)
3.2 a - Expansion of clinical services

- Clinical services will be expanded in ODST by 10% per year through 2013. See Attached Chart
  Recommend changing assessment to 5%
- Clinical services will be expanded for geriatric patients by 10% per year through 2013.
  Recommend eliminating this assessment
- Clinical services for patients requiring vision rehabilitation by 10% per year through 2013.
  Recommended defining rehabilitation to include low and head trauma combined and change objective to 5% annually
- A bi-annual service review of clinical areas will take place to determine additional clinical needs.

Annual Work plans to be developed
Ocular Disease

<table>
<thead>
<tr>
<th>FY</th>
<th>Ocular Disease</th>
<th>% Increase</th>
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<tbody>
<tr>
<td>FY 02-03</td>
<td>7645</td>
<td></td>
</tr>
<tr>
<td>FY 03-04</td>
<td>8172</td>
<td>7%</td>
</tr>
<tr>
<td>FY 04-05</td>
<td>7899</td>
<td>-3%</td>
</tr>
<tr>
<td>FY 05-06</td>
<td>8489</td>
<td>7%</td>
</tr>
<tr>
<td>FY 06-07</td>
<td>8450</td>
<td>-5%</td>
</tr>
<tr>
<td>FY 07-08</td>
<td>8957</td>
<td>6%</td>
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<tr>
<td>FY 08-09</td>
<td>7892</td>
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<tr>
<td>FY 09-10</td>
<td>8189</td>
<td>4%</td>
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<tr>
<td>Overall</td>
<td>65693</td>
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<tr>
<td>Last 4 years</td>
<td>33488</td>
<td>-3%</td>
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</table>
## Rehabilitation: Head Trauma; Low Vision; VT

<table>
<thead>
<tr>
<th>Year</th>
<th>Head Trauma</th>
<th>LV</th>
<th>VT</th>
<th>HT/LV</th>
<th>HT/LV/VT</th>
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<tbody>
<tr>
<td>FY 02-03</td>
<td>1886</td>
<td>1078</td>
<td>9722</td>
<td>2964</td>
<td>12686</td>
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<tr>
<td>FY 03-04</td>
<td>1727</td>
<td>1000</td>
<td>10608</td>
<td>2727</td>
<td>13335</td>
</tr>
<tr>
<td>FY 04-05</td>
<td>1814</td>
<td>1141</td>
<td>10190</td>
<td>2955</td>
<td>13145</td>
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<td>1715</td>
<td>1071</td>
<td>10265</td>
<td>2786</td>
<td>13051</td>
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<tr>
<td>FY 06-07</td>
<td>1676</td>
<td>891</td>
<td>12439</td>
<td>2567</td>
<td>15006</td>
</tr>
<tr>
<td>FY 07-08</td>
<td>1726</td>
<td>774</td>
<td>12503</td>
<td>2500</td>
<td>15003</td>
</tr>
<tr>
<td>FY 08-09</td>
<td>2172</td>
<td>725</td>
<td>12418</td>
<td>2897</td>
<td>15315</td>
</tr>
<tr>
<td>FY 09-10</td>
<td>2274</td>
<td>763</td>
<td>11770</td>
<td>3037</td>
<td>14807</td>
</tr>
</tbody>
</table>
3.2 b - Cultural competency by clinic

- **Beginning with the 2009-2010 academic year, all clinical course syllabi will include an educational objective related to cultural competency in patient care.**
  
  To Be Developed – with VPAA

- **Clinical faculty will receive in-service training relative to cultural competency in patient care beginning in 2009-10 and in alternate years thereafter.**
  
  To Be Developed

- **Pre and post surveys to be conducted to assess cultural competency/awareness.**
  
  Joint program to be developed targeting faculty, staff, and students
3.2 c - Provide in-house emergency care

- **In-house emergency care on a 24/7 basis will be available by July 2012.**
  Awaiting lobby renovations
  On-call beeper until then
- **Draft plan for in-house emergency care will be completed by July 2010.**
  Change date to coincide with lobby renovations
3.2 d - Develop UEC compliance program

- **Clinical compliance programs will be developed and fully implemented by Spring 2010.**
  Programs developed and conducted annually
  Program modified as required by OIG and OMIG
- **Clinical compliance programs will be reviewed annually.**
  Last year 100% Compliance with Clinical Faculty and Staff
  This year’s program to combined with annual HIPAA – will be available on Moodle beginning October 2010
- **All UEC faculty and staff will complete an annual training in compliance.**
  100% Compliance for Calendar Year 2009
3.2 e - Achieve national standards of excellence

- **A targeted set of standards of clinical excellence, recognized nationally, will be adopted by June 2010.**
  
  National Indicators: JCAHO & NCQA
  QA & I; Credentialing & Privileging; Patient Safety
  a) QA - New QA Program developed and implemented in September 2010 focusing on clinical indicators
  b) Credentialing and Privileging – New credentialing policy in place
  c) Patient safety and environment of care – focus area for 2010-2011

- **Evaluation of clinical programs by these standards of excellence will occur annually beginning at the end of the 2010-2011 academic year.**
  Suggest changing date to 2012-2013
3.3 c - Affiliation with comprehensive health care entity

- **An affiliation agreement with a local comprehensive health care facility will be completed by the end of the 2009-2010 academic year.**

Affiliation with Lutheran Medical Center in 2009

- **A bi-annual assessment of specific needs for affiliation agreement purposes will be conducted.**

Ongoing process

Process include: Educational components, Income to UEC; Community Service; Longevity
4.2 a - At least 20 vision screenings per year

- **Beginning in 2009-2010**, at least 20 vision screenings will be conducted per year.

  Data Presented Previously
  
  FY 08/09 = 17
  FY 09/10 = 27

- **Vision screenings will be reported as part of the UEC monthly statistics.**

  This is now included in monthly UEC statistics (FY 10-11)

  In addition, other outreach events (informational tables at community events) are also included

- **Vision screenings will be incorporated into the 1st and 2nd year curriculum and the clinical curriculum (3rd and 4th year).**

  First/Second Year – as part of integrative seminar

  First Year = 6 Screening Planned Second Year = 16 screenings

  Third and Fourth Year – In house and external screenings
4.2 b - Speakers network

- A listing of speakers comprising faculty and staff will be developed by September 2009 and updated annually.

  Suggest delay Until 2011

- A speakers' listing will be created on the College's web site by Fall 2009 and updated annually.

  Suggest delay until 2011
• **All current and future clinical affiliation agreements will be reviewed at least every two years with regard to financial stability and the appropriateness of the site for clinical teaching.**

All contracts are current and have been reviewed

Elements to consider: financial margin; educational values, community service
4.2 f - Meet with corp/community neighbors

- **Beginning in 2008-2009, at least 3 meetings per year will be held with corporate entities or community groups to seek collaborative activities.**

Accomplishments:

- DOH Flu Shot Collaboration 2009
- Prevent Blindness Association 2009
- Discussions with First Health Ongoing
- Parcare Discussions 2010
- Discussion with RUSK 2010
- Meetings with CBVH and VISIONS 2009/2010
- Readers' Digest Collaborations Ongoing
- New York State Vision and Eye Health Collaborative 2010
- TLC 2010
4.2 g - Increase collaborative community relationships

- **At least one new collaborative activity per year will be undertaken with a corporate or community entity.**

  - Flu Shot Program 2009
  - Grant submission with NAPVI 2010
  - VA Pilot Program- 2010
Other Goals 2009/2010

• Completed Review of “Policy and Procedures” Manual
• Primary Care Supervision Policy Implemented
• POD System for 3rd year clinical education
• Percent effort implemented
• Worked on SUNY’s Strategic Plan
• EHR Process
• Completed UEC “New Employee” Manual
2010-2011 UEC Goals

- Complete and go live with new UEC Website
- Assess impact on APG’s
  - Developed APG rates for low vision devices
- Implement contracts relating to the “Carve Out” Bill:
  - With Wellcare; Health First; Health Plus; Neighborhood, etc
  - Assess other small plans relating to the “Carve Out Bill”
- Finalize new EHR that is least disruptive to clinical operation
- Continue with Managed Care Initiatives
  - Group Contract vs. Provider Specific
  - Prepare for health care reform
2010-2011 UEC Goals

- Expansion of Article 28
- Equipment Upgrades
  - Replace existing old equipment – develop long term strategy
  - Assess new needs
  - Initiate a process to plan for a new practice management software system to replace IDX
- Construction
  - Lobby redesign
  - Clinical improvement – 5th floor
  - Participate in facility upgrade
- OCNY Support
  - Continue to seek out new funding sources for special projects (homebound, low vision, etc)
  - Review OCNY Support Annually
2010-2011 UEC Goals

- Implementation of new curriculum
  - Work with VPAA to implement fourth year students in the curriculum
  - Reassess role of residents

- Faculty
  - Retention of current clinical faculty
  - Hiring full time clinical faculty

- Implement Three Service Model

- Develop Support Program for Parents of Visually Impaired Children

- Continue to work with DCF to promote the UEC.

- Establish “dry eye” and “sports vision” clinics
Key Metrics:

- Patient Encounters
  - Total UEC
  - Individual Clinic
  - External
  - Emergency Visits
  - Referral Service
  - New Patients
  - Indigent Patients(# & $)

Available Monthly

Available Monthly

Annually

?

Available Monthly

Available Monthly

Available Annually
Key Metrics

- Annual Revenues
  - Annual Revenues Per Service
  - Payor Mix
  - Dollars/Days in AR
  - Number of Participating Doctors in Managed Care
UEC – Annual Revenues

Fiscal Yr 05-06 to 09-10 Comparison

$7,352,783 8.6% Increase

<table>
<thead>
<tr>
<th>Fiscal Yr</th>
<th>05-06</th>
<th>06-07</th>
<th>07-08</th>
<th>08-09</th>
<th>09-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5441561</td>
<td>6091322</td>
<td>6316548</td>
<td>6766977</td>
<td>7352783</td>
<td></td>
</tr>
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</table>
Payor Mix: FY 09-10
### Days/Dollars in A/R

<table>
<thead>
<tr>
<th>FSC CATEGORY #</th>
<th>2 CURRENT</th>
<th>1 MONTH</th>
<th>2 MONTHS</th>
<th>3 MONTHS</th>
<th>4 MONTHS</th>
<th>5 MONTHS</th>
<th>&gt;5 MONTHS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>MANAGED CARE</td>
<td>$238,030.18</td>
<td>$65,492.84</td>
<td>$26,717.60</td>
<td>$12,812.80</td>
<td>$11,132.00</td>
<td>$900.37</td>
<td>$(18,471.03)</td>
<td>$336,614.76</td>
</tr>
<tr>
<td></td>
<td>47%</td>
<td>71%</td>
<td>46%</td>
<td>19%</td>
<td>30%</td>
<td>4%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>SELF PAY</td>
<td>$43,238.80</td>
<td>$37,645.47</td>
<td>$28,444.36</td>
<td>$17,680.21</td>
<td>$17,632.46</td>
<td>$10,204.30</td>
<td>$18,213.43</td>
<td>$173,059.03</td>
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<tr>
<td></td>
<td>9%</td>
<td>25%</td>
<td>26%</td>
<td>22%</td>
<td>39%</td>
<td>16%</td>
<td>57%</td>
<td>6%</td>
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<tr>
<td>MEDICARE</td>
<td>$69,151.00</td>
<td>$9,243.18</td>
<td>$5,575.17</td>
<td>$5,460.00</td>
<td>$5,165.35</td>
<td>$1,812.88</td>
<td>$25,452.87</td>
<td>$121,860.45</td>
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<td></td>
<td>14%</td>
<td>57%</td>
<td>6%</td>
<td>8%</td>
<td>8%</td>
<td>4%</td>
<td>10%</td>
<td>1%</td>
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<td>MEDICAID</td>
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<tr>
<td></td>
<td>10%</td>
<td>48%</td>
<td>15%</td>
<td>22%</td>
<td>5%</td>
<td>4%</td>
<td>7%</td>
<td>3%</td>
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<tr>
<td>CHARITY CARE</td>
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<td>$271.29</td>
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<td>$(1,262.25)</td>
<td>$(4,130.64)</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>-3%</td>
<td>3%</td>
<td>1%</td>
<td>-7%</td>
<td>3%</td>
<td>-14%</td>
</tr>
</tbody>
</table>
### Number of Participating Doctors in Managed Care Plans – October 2010

<table>
<thead>
<tr>
<th>Plan</th>
<th>Aetna</th>
<th>BC/BS</th>
<th>GHI</th>
<th>HIP</th>
<th>Medicare</th>
<th>VSP</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Providers</td>
<td>112</td>
<td>112</td>
<td>112</td>
<td>112</td>
<td>112</td>
<td>112</td>
<td>2240</td>
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<tr>
<td># Par</td>
<td>108</td>
<td>110</td>
<td>84</td>
<td>111</td>
<td>108</td>
<td>100</td>
<td>2021</td>
</tr>
<tr>
<td>% Par</td>
<td>96%</td>
<td>98%</td>
<td>75%</td>
<td>99%</td>
<td>96%</td>
<td>89%</td>
<td>90%</td>
</tr>
</tbody>
</table>
Key Metrics

• Provider Profile
  – FT/PT #’s
  – % Effort/FTE
  – Business Integrity Training
  – Demographics:
    Adm/
      • M/F; Ethnicity
      • Languages Spoken;
      • Years of Experience
      • Languages Spoken

Academic Dean
Academic Dean
100% in 2009
IPEDS/Clinical
# Key Metrics – Community Outreach

<table>
<thead>
<tr>
<th>Focused Area</th>
<th>FY 08-09</th>
<th>FY 09-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homebound Visits (number of visits)</td>
<td>148</td>
<td>145</td>
</tr>
<tr>
<td>Vision Screenings (including schools) (number of screenings)</td>
<td>17</td>
<td>27</td>
</tr>
</tbody>
</table>
| Charitable Care (number of patients receiving care)   | a) Number of Requests Honored = 576  
b) Average Request = $113 | a) Number of Requests Honored = 581  
b) Average Request = $136 |
| Support Groups (Number of Programs)                  | 38       | 39       |
| Community Lectures/Events (number of lectures)       | 13       | 14       |
Questions ???