

**New York State Department of Health
Health Equity Impact Assessment**

SECTION A: SUMMARY

1. Title of project	NYU Langone Health Westchester ASC
2. Name of Applicant	NYU Langone Health
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>Deb Zahn Consulting, LLC Lead Contact: Deborah Zahn, deb@debzahn.com, 347-834-5083</p> <p>Team Members Conducting the HEIA:</p> <ul style="list-style-type: none"> • Deborah Zahn, MPH • Lynnette Mawhinney, PhD, MEd • Andrea Mantsios, PhD, MHS • Jenné Massie, DrPH, MS • Melissa Corrado, MBA • Sydne Ashford
4. Description of the Independent Entity’s qualifications	<p>The Independent Entity and team members conducting the HEIA have decades of experience in health equity, stakeholder and community engagement, public health, and healthcare. Deborah Zahn, the lead contact, has more than 25 years of healthcare program and policy experience and stakeholder and community engagement. She has led and facilitated local, regional, and statewide stakeholder and community engagement strategies for healthcare providers and new health initiatives; developed and facilitated community and clinical advisory panels; conducted healthcare assessments; and developed and directed initiatives focused on improving access and health outcomes for medically underserved populations.</p> <p>Lynnette Mawhinney is a health equity and qualitative research expert with almost 25 years of experience in education. She completed a multi-year participatory evaluation of an equity audit tool that spanned three states. She is professor of Urban Education and Senior Associate Dean for Strategic Academic Initiatives at Rutgers University-Newark.</p> <p>Andrea Mantsios is a public health expert with 20 years of experience in public health and healthcare. She specializes in qualitative methods to promote health equity in research, policy, and programming. She completed a health equity needs assessment for a large-scale health insurance provider to inform development of an organizational health equity curriculum. Jenné Massie is the Deputy Director of the Intersectionality Research Institute and a Faculty Senior Research Associate and Project Director for the MOCHA Lab at John Hopkins Bloomberg School of Public Health. She also</p>

	<p>serves as a Commissioner of the DC Department of Health Regional Planning Commission on Health and HIV and the Chair of the Community Engagement and Education Committee. Melissa Corrado has more than 20 years of experience helping healthcare and community-based entities develop and conduct assessments and implement plans. She has designed and conducted stakeholder interviews to guide planning of community initiatives and for community-based healthcare and social service providers. Sydne Ashford is a Consulting Associate in CohnReznick’s Healthcare Industry Practice. She serves ambulatory care facilities, such as Federally Qualified Health Centers, hospitals, and mental health focused organizations, and specializes in Medicaid rate setting and cost reporting, financial and regulatory reporting, financial feasibility studies, and financial and operational performance. She also supports program development and strategic business planning efforts.</p>
5. Date the Health Equity Impact Assessment (HEIA) started	06/07/2024
6. Date the HEIA concluded	09/16/2024

7. Executive summary of project (250 words max)	<p>NYU Langone Health (NYULH) proposes adding a location for orthopedic services in Westchester County at 4 Westchester Park Drive, West Harrison NY 10604. This will enable patients in and closer to Westchester to access orthopedic services closer to home. Currently, NYULH patients residing in Westchester and as well as some patients outside the service area have to travel to Manhattan for orthopedic services, which creates time and cost burdens for patients. Traveling to and within Manhattan is burdensome for all patients and some medically underserved groups who face the greatest burdens from traveling to Manhattan. Once the project is completed, patients will still receive care from their same providers.</p>
8. Executive summary of HEIA findings (500 words max)	<p>The stakeholder engagement revealed multiple overall benefits of the orthopedic ambulatory services being expanded to Westchester. These benefits include reduced travel time because of access to local services; easier access to surgery in terms of parking and building access; and reduced or eliminated costs in travel fees, such as gas, parking fees, and toll fees. While this applies to all patient populations, including the racial and ethnic minorities and women who, similar to previous years, are expected to comprise a significant portion of the patient population, feedback from our meaningful engagement showed a significant impact on people with disabilities and</p>

mobility issues (e.g., in need of hip or knee replacement), older adults, low-income people, and persons living in rural areas.

Stakeholders expressed a desire to have imaging, testing, and rehabilitation services onsite at the proposed ambulatory surgery center. Other stakeholders emphasized ways to ensure greater access by providing supportive services, partnering with providers that serve medically underserved groups, having evening and weekend hours, and making financing options available.

SECTION B: ASSESSMENT

STEP 1 – SCOPING

1. Demographics of service area

Please see attached the completed “Scoping Table” Sheets 1 and 2 in the HEIA Data Tables provided with this assessment.

2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:

- Low-income people
- Racial and ethnic minorities
- Immigrants
- Women
- Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- People with disabilities
- Older adults
- Persons living with a prevalent infectious disease or condition
- Persons living in rural areas
- People who are eligible for or receive public health benefits
- People who do not have third-party health coverage or have inadequate third-party health coverage
- Other people who are unable to obtain health care
- Not listed (specify):

3. Sources of information for identification of medically underserved: For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?

We leveraged the Applicant’s internal data to identify the medically underserved groups that would be impacted by the project. While robust internal data is collected, it did not

reflect disability status. For this information, we consulted publicly available data related to these groups in the broader service area.

- **Low-income people** – internal electronic medical record data, American Community Survey, 2021
- **Racial and ethnic minorities** – internal electronic medical record data, American Community Survey, 2021
- **Women** – internal electronic medical record data, American Community Survey, 2021
- **People with disabilities** – American Community Survey, 2021
- **Older adults** – internal electronic medical record data, American Community Survey, 2021
- **Persons living in rural areas** – American Community Survey, 2021

Overall, a combination of internal and external data sources was used to identify the medically underserved groups impacted by the proposed project.

4. Unique health needs or quality of life of medically underserved groups: How does the project impact the unique health needs or quality of life of each medically underserved group (identified above)?

Currently, NYULH patients residing in Westchester and as well as some patients outside the service area have to travel to Manhattan for orthopedic services. The Applicant has multiple sites in Manhattan for orthopedic services.

The travel time can be significant for those patients. For example, a patient from Peekskill, NY would have to drive over 3 hours roundtrip to get to and from the NYU Langone Orthopedic Hospital at 301 E 17th St, New York, NY 10003, not including potential traffic, time to park, and time to get to and from their appointment. In addition to the time patients must spend traveling to and within Manhattan, they must spend money for gas, tolls, and parking. As described below, traveling to and within Manhattan is especially burdensome for low-income people, patients with disabilities and limited mobility, older adults, persons living in rural areas, and racial and ethnic minorities and women.

The proposed project will add a location for orthopedic services in Westchester at 4 Westchester Park Drive, West Harrison NY 10604. This will enable patients in and closer to Westchester to access care closer to home, while still scheduling appointments and receiving care with the same department and their same providers.

The proposed changes will improve the patient experience for all medically underserved groups by facilitating care and access closer to the patients' home and reducing the need to travel to Manhattan. We expect the greatest positive impact of this new location will be experienced by:

- **Low-income people** who will not have to spend excessive time traveling to Manhattan—and therefore, lose income through missed work—or spend additional money on gas, tolls, and parking.
- **People with disabilities or limited mobility and older adults** will not have the burden of traveling long distances or navigating Manhattan for services. At the new site, they will have access to valet parking and sidewalks and curbs that are more accessible to those that require mobility support (e.g., wheelchairs, canes, walkers, etc.).
- **Persons living in rural areas** who often have limited or no access to services where they live will also have access to services closer to where they live.
- **Racial and ethnic minorities and women** in the service area who will benefit from having access to orthopedic services closer to home. Of the patients residing in the service area for Calendar Year 2022 (CY22) and seen at NYULH for outpatient orthopedics services, 29% identified as racial minorities, 13% identified as ethnic minorities, and 46% identified as women.

5. Current and expected utilization by medically underserved groups: To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?

Of the patients residing in Westchester County and seen at NYULH for outpatient orthopedics services in CY22, 29% identified as racial minorities, 13% identified as ethnic minorities, and 46% identified as women. According to SPARCs market data for Westchester County in CY22, of the ambulatory surgery patients receiving musculoskeletal surgery, 9.6% of patients rely on Medicaid as their primary source of payment (with Medicaid as primary source of payment as a proxy for the low-income population). The Applicant expects that improvements to patient satisfaction will attract new patients to NYULH, and it is anticipated that service utilization by all medically underserved groups will not decrease. As noted above, internal data limitations include a lack of robust data related to people with disabilities. Therefore, we are unable to quantify current or expected utilization specific to this group.

6. Availability of similar services or care: What is the availability of similar services or care at other facilities in or near the Applicant's service area?

The following facilities are licensed to provide ambulatory surgery in Westchester County. (Source: [NYS Health Profiles](#))

Facility	Specialties	Location
Montefiore Mount Vernon Hospital	Multi-specialty	Westchester
Montefiore New Rochelle Hospital	Multi-specialty	Westchester
New York-Presbyterian Westchester	Multi-specialty	Westchester

New York-Presbyterian Hudson Valley Hospital	Multi-specialty	Westchester
Northern Westchester Hospital	Multi-specialty	Westchester
Phelps Hospital	Multi-specialty	Westchester
SJRH – Dobbs Ferry Pavilion	Multi-specialty	Westchester
SJRH – St Johns Division	Multi-specialty	Westchester
St. Joseph’s Medical Center	Multi-specialty	Westchester
Westchester Medical Center	Multi-specialty	Westchester
White Plains Hospital Center/The Ambulatory Surgery Center at Harrison	ENT, Ortho, Plastics	Westchester

7. Historical and projected market shares: What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?

For the purposes of this project, market share was determined with procedure product line for musculoskeletal ambulatory surgery for patients in the project service area of Westchester County. Based on SPARCS data from New York State Department of Health, NYULH held on average 2.2% - 2.6% of the orthopedic market in Westchester from 2021 to 2023.

Adult Ambulatory Surgical Orthopedic Volumes for Westchester County

Health System	2021 Volume	2021 Market Share	2022 Volume	2022 Market Share	2023 Volume	2023 Market Share
Montefiore Health	2,258	20.6%	2,448	22.0%	3,089	29.4%
Rye Surgery Center	1,248	11.4%	1,210	10.9%	937	8.9%
New York-Presbyterian	1,193	10.9%	1,215	10.9%	932	8.95
Northwell Health	941	8.6%	974	8.8%	979	9.3%
Hospital for Special Surgery	769	7.0%	724	6.5%	820	7.8%
Riverside Health	704	6.4%	742	6.7%	636	6.1%
ASC of Westchester	578	5.3%	563	5.1%	407	3.9%
Yorktown Center for Specialty Surgery	599	5.5%	650	5.8%	274	2.6%
WMC Health	432	3.9%	452	4.1%	505	4.8%
NYU Langone Health	243	2.2%	252	2.3%	272	2.6%
All Others	2,000	18.2%	1,892	17.0%	1,660	15.8%
Grand Total	10,965		11,122		10,511	

Source: SPARCS 2021 – 2023 Ambulatory Surgery Dataset; Filtered on CPT Product Line for Musculoskeletal Surgery.

Between 2021 and 2023, adult orthopedic volume decreased by 4.1% in Westchester County. Facilities serving patients in the service area observed varied trends in patient

volumes from CY21 to CY22 to CY23, with some experiencing increases while others saw declines.

Additionally, market share assumptions are difficult to ascertain because a hospital's market position in any given service line depends largely on the activities of other hospitals (e.g., service line expansions, closures), which generally cannot be predicted.

8. Performance of obligations: Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.

The obligations under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations apply to the Applicant, and the organization is currently meeting its obligations to the best of the Independent Entity's knowledge. As a non-profit healthcare system, the Applicant provides care regardless of a patient's ability to pay, and the Applicant has a financial assistance policy available to patients who are in need. The NYULH Charity Care and Financial Assistance policy can be found online (<https://nyulangone.org/files/charity-care-financial-assistance.pdf>).

In addition, the Applicant offers charity care, which covered approximately \$93 million in care in FY23. (In the same time period, there was another \$1.3 billion gap between the cost of care for patients who are covered by government insurance programs and the reimbursement NYULH received for that care in FY23.)

How the project will affect obligations

NYULH's obligations under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations will not be affected by the implementation of this project.

Community services

N/A. The project will not be changing the Applicant's obligations.

Medicaid or uninsured discharges/people served/residents

NYULH is projecting that approximately 10% of encounters at the new site will be from Medicaid patients in year one. (Total payor mix includes 18% Medicare, 65% Commercial, 10% Medicaid, and 7% all other.) According to SPARCs market data, at the Westchester County level for ambulatory surgery patients for musculoskeletal surgery, the payer mix in 2022 was 31.9% public health insurance coverage (22.3%

Medicare alone or in combination and 9.7% Medicaid alone or in combination), 40.4% private health insurance coverage, and 10.9% uninsured.

Medical-surgical beds/people served/residents

N/A. The project does not involve inpatient beds.

9. Project's impact on staffing: Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result from implementation of project? If yes, please describe.

No negative impacts are expected. Patients will schedule the same way they do currently and will be seen by the same surgeons and the same department but closer to home.

The Applicant's Schedule 13 notes an increase in FTEs from 47.0 to 65.0 between the first and third year of operation after opening. The Applicant confirmed it will use the same tactics it uses to staff other Ambulatory Surgery sites.

The Applicant has standard processes related to staffing, including analyzing volume trends and regularly assessing staffing needs based on patient volume, care models, and service demands. The Applicant also deploys recruitment and retention strategies such as those related to salaries and professional development to attract and retain staff.

10. Civil rights access complaints: Are there any civil rights access complaints against the Applicant? If yes, please describe.

- 6 total complaints filed with the NYC Commission on Human Rights
 - 1 race discrimination complaint was investigated and dismissed
 - 1 race discrimination complaint was closed for administrative cause
 - 1 gender discrimination complaint is in settlement discussions
 - 3 are pending open investigation:
 - 1 related to disability access
 - 2 related to gender discrimination
- 11 total complaints filed with the New York State Division of Human Rights
 - 9 have been dismissed
 - 5 related to disability discrimination
 - 1 related to national origin discrimination
 - 2 related to discrimination of national origin, race, color
 - 1 related to discrimination of national origin, race, color, and marital status
 - 1 national origin discrimination complaint is pending an open investigation

- 1 related to discrimination on the basis of disability, military status, national origin, domestic violence victim status, relationship or association, and opposed discrimination/retaliation is pending an open investigation.

11. Similar projects/work in the last five years: Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.

The NYULH Orthopedics department has not made an investment of this nature (i.e., an Ambulatory Surgery Center) in Westchester County in the past. The Department has undertaken other multi-specialty Ambulatory Surgical Centers in Manhattan (333 East 38th Street and 171 Delancey Street) and Patchogue, Suffolk County (196 Main Street). This project in Westchester is similar in the type of building being constructed but is in a different service area, serving a different patient population.

STEP 2 – POTENTIAL IMPACTS

1. Intended impacts on health care access, health equity, and health disparities: For each medically underserved group identified in Step 1 Question 2, describe how the project will:
 - a) Improve access to services and health care;
 - b) Improve health equity; and
 - c) Reduce health disparities

Since orthopedic services cut across all patient groups, there will be a positive impact on each medically underserved group identified in Step 1, Question 2 with some additional benefits for some groups.

The primary benefit will be improved access to local orthopedic services for patients residing in Westchester as well as some patients outside the service area. Because they will be able to access services closer to their homes, it removes the burden of having to travel to Manhattan and the time and costs associated with that travel. This will especially improve access and health equity for medically underserved groups who experience the greatest burden, namely low-income people who will not have to risk losing income due to missed work and travel costs, people with disabilities or limited mobility and older adults for whom any travel and accessing care in Manhattan can be difficult, people living rural areas who have limited or no local services available and would also have to incur travel costs to Manhattan, and racial and ethnic minorities and women in the service area, who have comprised a significant portion of previous patients, and will also benefit from having access to orthopedic services closer to home.

The project may reduce health disparities if all patients, including those most burdened by the current state, are able to access and receive more of the recommended care and services.

2. Unintended impacts: For each medically underserved group identified in Step 1 Question 2, describe any unintended positive and/or negative impacts to health equity that might occur as a result of the project.

The Independent Entity does not anticipate any unintended negative impacts to health equity expected as a result of the project. There are the intended positive impacts described in response to Question 2.1.b and 2.1.c, In addition to the impacts already stated, the Applicant expects the project and the more accessible space to solve some of the access issues they heard from patients who use wheelchairs.

3. Indigent care: How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.

The new site in Westchester is designed to enhance accessibility while maintaining service levels. Upon reviewing the Applicant's projected budget and operational forecasts, it is anticipated that the amount of indigent care currently provided by the Applicant will not change.

The Applicant covered approximately \$93 million in charity care in FY23.

4. Access by transportation: Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.

Currently, NYULH patients travelling for orthopedic care reside in Westchester as well as some patients outside the service area travel by either public or private transportation. The new facility located in Westchester County will bring care closer to their homes.

Patients using private transportation are accompanied by family members and other caretakers. For these patients, the facility will offer valet parking at the main entrance.

Some patients may take public transportation such as subway, bus, and train. Access to those forms of transportation depends on where the patient lives. The site location is nearby a variety of public transit stops that allow for accessible access for patients travelling to the center via public transit. Bee-Line Bus 82 (Loop B) stops right in front of the site. Additionally, Bee-Line Bus 3, 12, 13, and 62 stop at the intersection of Westchester Avenue and Gannet Drive, which is 0.2 miles from the site.

The Applicant also has a process for patients who need to get to and from their appointments but are unable to cover the cost. In these cases, the hospital organizes and supports the cost of transportation to ensure they can access their care in a safe and timely manner. This is available to patients who express a need, regardless of their income status.

5. Architectural barriers for people with mobility impairments: Describe the extent to which implementation of the project will reduce architectural barriers for people with mobility impairments.

This project will make it easier for patients with mobility impairments to access care since the location will be closer to their homes, and they will not have to travel into a Manhattan and manage uneven sidewalks and curbs, which are difficult to navigate with wheelchairs, walkers, etc. The facility will have handicap parking and ramps built to ADA compliance and building codes.

6. Reproductive health services and maternal health care

N/A due to orthopedic focus of the project.

MEANINGFUL ENGAGEMENT

7. List of local health department(s)

Westchester County Department of Health

8. Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?

The Independent Entity conducted an interview about the potential impact of this project with Dr. Sherlita Amler, Commissioner of Health for the Westchester County Department of Health. Dr. Amler indicated that an ambulatory surgery center would be welcomed medical care in Westchester County and particularly in White Plains, as its central location will broaden access for county residents to have surgical procedures closer to home. She also noted that the location ensured that if a patient needed a hospital admission, they would not have to travel a long distance to receive care.

Dr. Amler highlighted that Westchester County's large population of older adults would benefit from this facility. She noted that there are several retirement communities in Westchester and residents of those communities, as well as older individuals throughout the county in general, would now be able to receive these services without having to go into Manhattan, which she saw as a real benefit. She also stressed that not having to travel long distances is important for people who face challenges with transportation in the county, including people who do not have a car.

Dr. Amler noted that Westchester County is currently, and has since COVID, been experiencing long delays in residents getting access to primary care appointments. She underscored throughout the interview that this may be a barrier for individuals having access to the ambulatory surgery center. Without a primary care provider to make a referral for an appointment with a specialist, such as an orthopedist, she expressed concern with how patients will have access to it. From an equity perspective, she said this particularly would be a barrier for newly arrived immigrants and non-English

speakers. She also highlighted this issue for individuals with mobility issues and people who are homebound, noting the barriers they face to getting specialist referrals from primary care doctors for orthopedic services.

Finally, Dr. Amler expressed concern about access to the facility for low-income individuals and people without insurance. She perceives that the county's Federally Qualified Health Center (FQHCs) are overwhelmed, and thus the low-income individuals who rely on these sites for healthcare are not necessarily getting in for primary care and thereby referred to needed orthopedic care. Similarly, uninsured individuals may not get appointments with primary care physicians because of their lack of insurance and thus would present a barrier for referrals.

Dr. Amler's verbatim statement can be found in the Meaningful Engagement tab of the HEIA Data Table.

9. Meaningful engagement of stakeholders

Please see attached the completed "Meaningful Engagement" table in the HEIA Data Tables template provided with this assessment.

10. Most affected community members: Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern the project or offered relevant input?

The stakeholder interviews revealed multiple overall benefits of the orthopedic ambulatory services being expanded to Westchester. These benefits include reduced travel time because of access to local services; easier access to surgery in terms of parking and building access; and reduced or eliminated costs in travel fees, such as gas, parking fees, and toll fees. While this applies to all patient populations, including the racial and ethnic minorities and women who, similar to previous years, are expected to comprise a significant portion of the patient population, feedback from our meaningful engagement showed a significant impact on the following medically underserved groups:

- Older adults
- People with disabilities, particularly with mobility issues (e.g., in need of hip or knee replacement)
- Low-income people
- Persons living in rural areas

Stakeholders expressed a desire to have imaging and testing services (e.g., MRI, X-ray, etc.) and rehabilitation services all onsite at the proposed ambulatory surgery center. This would further alleviate travel and cost burden for orthopedic patients and allow for more continuity of care for patients throughout their pre-op, surgery, and follow-up experiences.

The Applicant verified that patients at the new location will not have to travel to Manhattan to get any pre- or post-op and imaging done. Any X-rays and lab work needed by patients who will undergo surgery at the new location will be able to get that done onsite. For routine work, there are also imaging, lab and therapy sites under development in Westchester, in addition to the Applicant's current faculty group practice office in White Plains. The Applicant also plans to have physical therapy in the same building.

Other stakeholders emphasized ways to ensure greater access to all patients, especially low-income patients and those who receive Medicaid and those who are uninsured, by providing supportive services, partnering with providers who serve medically underserved groups, having accessible hours, and making financing options available.

11. Results of engaging community members: How has the Independent Entity's engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?

As part of our meaningful engagement of stakeholders, we spoke with 12 stakeholders about the project. We conducted 8 patient interviews, 1 interview with the Director of Care Management and Social Work for Orthopedic Surgery at NYU Langone, 1 interview with a local community-based organization, 1 interview with a local health department official, and 1 interview with a local FQHC primary care physician. The stakeholders we spoke to included 3 members of a racial or ethnic minority group, 4 individuals aged 65 or over, 1 person living with a disability, and 2 people living in rural areas.

All Patients

The stakeholder interviews enabled us to identify perceived benefits of the proposed orthopedic ambulatory services in Westchester. One main benefit will be localized care within one location, such as testing services before and after a surgery. One patient explained how she had to travel 1.5 hours to Manhattan for a 4-minute test, which can be cost prohibitive and impractical for many people. She discussed:

"I went down [to Manhattan] for a 4-minute test and it cost me like \$22, and that's obviously with no parking. It's all parking lots in Manhattan...It's scary for a lot of people. I'm a city girl, so it doesn't bother me, but it's very expensive no matter what you do. It's just expensive to just park. But if you do anything in White Plains, there's a lot of parking lots, you know, open parking lots. It's just so much more easier to park and free pretty much." (Patient 1).

The community-based representative also discussed how the new location will also be a benefit for all residents in the area.

“I’ve worked in senior living within Westchester, so I know even not just [elder care facility]. But other facilities will appreciate having this facility in Westchester... I think not only just for seniors, but just for the general community. It would be beneficial, because a lot of people are moving from New York City to Westchester...having that connection within New York City hospital, a New York City big name hospital. Then it's gonna it will be beneficial to the community.” (Community-based Representative).

Ultimately, having an orthopedic ambulatory surgery center in White Plains makes access to services easier for all populations in Westchester County or closer to the Westchester area. One patient summarized it as removing barriers to care:

“It would be an easier way to use more doctors and to get the closer to home service...Thoughts on having the ambulatory service in White Plains is gonna be a plus for everyone coming north, coming South, East, West, it'll take the burden and the fare of people going into the city to be in White Plains. It's more relaxed and the same service that we're gonna have, I think it's a plus all around for everything, anything you're gonna do. White Plains is definitely a place to be in.” (Patient 1).

Another patient captured the overall positive response to the idea of having these services locally when they said:

“I think that’s great. Instead of making a trip to the city which would take up towards an hour, hour and a half to get there, being so close where I live, I think it’s great.” (Patient 3).

As stated, other patients expressed a desire to have all the services they need at the new location, including imaging, testing, and rehabilitation.

“I think it’s a good idea, but as I said, then you can’t complete the deal in White Plains, it’s not worth it.” (Patient 6)

A local FQHC primary care physician also mentioned that there is a need for sports medicine in the area.

Older Adults

As reflected in the oversampling of older adults in our community engagement, orthopedic services often serve greater numbers of older adults, especially for hip and knee replacements. The location of the proposed orthopedic ambulatory services in Westchester has a large community of residential and elder care homes in the area.

The older adult population in the area is growing as the cost of living in Manhattan is growing. A community-based organizational representative of an elder care home explained:

“People are moving into the area because the cost of NYC. There are new buildings in Westchester, White Plains, and New Rochelle as people are not wanting the hustle and bustle of NYC but still want the same access to the same care.” (Community-Based Representative).

Opening an ambulatory surgery center in this location will help meet the orthopedic needs of this growing older population in Westchester County, making it easier for them to receive services closer to home and avoid the “stress and chaos,” as described by one patient about traveling to Manhattan for surgery.

People with Disabilities

Generally orthopedic patients have functional limitations, especially patients needing hip or knee replacements. Getting to the Manhattan site with mobility issues becomes more prohibitive, as there is no area to pull up to the entrance with a car or valet parking services to ease getting into the building. One patient explained:

“It’s easier again, people with disabilities to get to, in my opinion, places in Westchester than it is to New York City. If I’m in New York City, I’m going to go to a hospital in New York City. If I’m in Westchester, I much prefer a facility here in Westchester.” (Patient 2).

The Westchester location would have availability for patients to pull up to the building for drop-off, easing the stress and logistics of navigating getting to their appointments while struggling with mobility issues.

Another patient discussed the burden of going to Manhattan from a caregiver’s perspective. This required extra time and cost, as she was unable to drive herself given the need for a new hip. The patient said:

“My wife had a hip replacement at NY Langone going into the city. I mean, going down there at 6 am in the morning, staying there the whole day, and then she was released at 3 o’clock in the afternoon...so definitely [positive] in terms of not having to commute in traffic...pay for parking, for tolls.” (Patient 3).

The Director of Social Work stressed the need to assess patients’ living situation and supports at home when considering the functionality of individuals with disabilities or mobility issues related to their orthopedic surgery who will be going home after their procedure in an ambulatory setting like the one proposed. As she highlighted, anyone going to ambulatory surgery will need a support person for transportation to and from the site and will need a stable place to recover with someone able to help them with

daily functioning post-surgery. She highlighted the importance of the care team assessing patients' current living situations and what kind of help they may need at home following their procedure.

The Applicant verified the process that they use to assess needs and ensure support. For example, patients having elective joint replacement surgery receive a phone call from a nurse clinical care coordinator (CCC) in advance of their surgery. In that call, an assessment is completed to determine the patient's home situation, available caregiving supports, and any needs for resources in anticipation of a discharge home following surgery. These questions specifically assess a patient's current functioning and needs for support in their activities of daily living as well as any assistive devices needed. The nurse CCC also provides education about what to expect post surgery, including length of stay in the hospital, medications, homecare, and other topics related to discharge planning. Referrals to homecare services are made based on patient choice and in advance of surgery.

Low-Income People

Although none of the stakeholders identified as low income, all the patients expressed concerns about the current cost of getting to NYU Langone in Manhattan and how these costs become more prohibitive for low-income populations. One patient discussed how the new ambulatory service needs to have access to a bus line, which is available at the new proposed location. The patient said:

“They'd [NYU Langone] have to look at the bus lines because people of low income aren't going to take Ubers or cabs. There has to be a bus line or something if you're looking at the access for low-income patients.” (Patient 4).

The patient also acknowledged that low-income patients would have limited means to get to Manhattan for orthopedic services, but the Westchester location would provide more access to care:

“People who were low income probably wouldn't go into the city because of transportation costs would be too great and they're not taking public transportation because they're having surgery. So, I think it makes it easier for the low-income patients.” (Patient 4).

Another patient confirmed the need for localized services for patients who are low income and who have disabilities. They explained:

“It would draw them there initially, but if what they need done and have to find out they have to go in the city, it is for naught. They went there because they can't go in the city. If disabled or too poor, would be drawn there to use the services, but find out what they can't be done...so then what happens.” (Patient 6).

Highlighting both the convenience the proposed location would offer for drop-off at the entrance and the reduction in cost of transport to the city, one patient said:

“Somebody is driving, and you pull up, drop off, and keep going and try to find parking. So there’s no valet parking for either one of those hospitals that I’ve gone to... There’s no pay for parking here [Westchester] next to the office. Literally in New York City, it costs me probably \$35, \$40 to park every time or I take a limo that costs me \$150.” (Patient 2).

The Director of Social Work also highlighted that transportation would need to be discussed with patients so they are not stuck with a cost.

Finally, an FQHC primary care physician discussed the importance of access and hours for patients that are low-income or housing insecure:

“For patients that work and can’t take off work, the hours can be problematic if there are no evening hours or Saturdays hours for those that work and don’t have paid time off, that could be a challenge...again, sometimes for our patients that are homeless or unstably housed, their ability to get to and have transportation issues. Their ability to get to the appointment sometimes is a barrier.” (PrimaryCare Physician).

The Applicant verified multiple mechanisms to assist patients who need transportation support and/or who cannot afford it. These include staff access to an online portal to arrange for transportation for patients who have Medicaid, care management staff support, information about medical escort services and transportation options, and charitable funds.

Persons Living in Rural Areas

One patient, who identified as living in a rural area, spoke specifically about the need to have access to these services closer to home. They said:

“Where I come from, there's limited resources... but dealing with NYU has been a very good experience... The quality of the doctors as far as the care that I received if, they can duplicate that in White Plains, it's a home run.” (Patient 8).

12. Relevant community members that did not participate: Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.

People who are eligible for or receive public health benefits and who do not have third-party health coverage or have inadequate third-party health coverage

Although we did not talk with any Medicaid, uninsured, or underinsured patients and the payor mix is expected to remain the same, these medically underserved groups *may* be impacted. An FQHC primary care provider mentioned that her patients' insurance status is a barrier for accessing orthopedic surgeries. She suggested that the newly proposed orthopedic ambulatory center should take multiple insurances. Specifically, she discussed:

“I think if it [new orthopedic ambulatory center] takes a wide variety of insurances, and if it takes the Medicaid managed care plans, it will be an added resources, so that is a good thing.” (Primary Care Physician).

The following medically underserved groups did not participate in the meaningful engagement portion of the HEIA:

- Low-income people
- Immigrant
- Lesbian, gay, bisexual, transgender, and other-than-cisgender people
- People who do not have third-party health coverage or have inadequate third-party health coverage
- People who are eligible for or receive Medicaid coverage

STEP 3 – MITIGATION

1. Effective communication of services or care (language access): If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:
 - a) People of limited English-speaking ability
 - b) People with speech, hearing, or visual impairments
 - c) If the applicant does not have plans to foster effective communication, what does the Independent Entity advise?

Information provided by the Applicant indicates that they will communicate its services and care options to the patients and community using a standard, multi-pronged advertising/communication plan.

For individuals of limited English-speaking ability, the Applicant has the ability to translate relevant materials as needed such as marketing flyers, press releases, and in-facility signage. There will be a targeted marketing campaign in Westchester County announcing the opening of the facility and services offered. A letter will be sent to existing patients notifying of the opening. Clinic staff—both surgeons and front desk staff—will also be communicating the details of this new facility at patient appointments well before it takes effect. Current clinic staff will also alert patients as they call for appointments and when they are at their appointments in the current clinic prior to the opening.

The Applicant advertising/communication plan will also include outreach to specific print publications in Westchester County, such as the Journal News, Yorktown PennySaver, and Examiner Media. The Applicant will update their website with information about the new facility and post on social media as well. (Note that these are mainly in English.)

Regarding individuals who have speech, hearing, or visual impairments, the Applicant uses digital best practices for accessibility that are informed by the Web Content Accessibility Guidelines (WCAG) version 2.2, the industry standard to ensure users with disabilities (such as vision, cognitive/learning, and/or motor disabilities) can access content equitably. This approach includes providing alternative text for images, captions for videos, and ensuring that all digital content is navigable via keyboard for those who cannot use a mouse.

2. Suggested project changes to better meet medically underserved group needs: What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?

The Independent Entity and stakeholders had the following suggestions for how the project can meet their needs as they considered the impact of the project:

Ensuring access through referral partnerships

There was a concern that county residents of some underserved groups will face a critical barrier to accessing care at this site due to the challenge of getting a primary care appointment from which they could be referred for orthopedic services. Both the Health Commissioner and the NYU Langone's Director of Social Work spoke about the importance of establishing relationships with FQHCs near the proposed ambulatory service center to try to provide better access to underserved populations given FQHC's role in serving these populations. There are three FQHCs operating multiple locations in Westchester County: Open Door Family Medical Centers, Sun River Health, and Westchester Community Health Centers. The Independent Entity interviewed a physician from Sun River Health who indicated that they have existing capacity for primary care appointments and a willingness to refer patients for services at the new site.

The Applicant can leverage their peri-operative surgical home (POSH) Coordinator, who has established relationships with various NYU providers to ensure that patients receive appointments for specialist care, including assisting with needed clearance before surgery.

Communicating and assisting with supportive services and financing options

Stakeholders expressed the need for access to supportive services leading up to and following their surgeries, such as those related to transportation needs. One stakeholder also identified the need for low-income people to have financing options, which the

Applicant currently provides. The Applicant should broadly communicate the availability of those services and supports to potential and existing patients and ensure that staff are able to use existing mechanisms to assist patients and their caregivers. One stakeholder also suggested developing partnerships with local pharmacies and car services.

Communicate existing imaging, testing, and rehabilitation services at the location and develop additional resources onsite or in the area

Some patients described having to travel long distances to Manhattan to complete testing either before or after orthopedic surgery and expressed a desire to have everything they need for pre-operation and follow-up appointments onsite. This will help alleviate barriers associated with the time, cost, and difficulty of travel.

The Applicants indicated that, although they are not Article 28 services and not in scope for this Certificate of Need, they have plans for physical therapy and some imaging services in the same building. They also have plans for additional imaging sites in Westchester County in development. As these services become available, they should communicate about them to all existing patients, to referral partners, and through other marketing and communication methods.

For any services they will not provide, they should coordinate access to other local services.

Engaging community members on project changes: How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?

The Independent Entity recommends the Applicant conduct periodic surveys (at least 6 months and 9 months after the opening of the location) with existing patients receive services at the new Westchester location. This will enable the Applicant to assess the impact of the project and make improvements. The Independent Entity recommends that the Applicant emphasize survey outreach to medically underserved groups who were not included in this assessment and conduct interviews to capture nuanced perspectives of the impact of the project.

The Independent Entity also proposes interviewing referral partners to assess the ease at which they are able to refer patients, have them seen in a timely fashion, and get their orthopedic needs met.

3. Addressing systemic barriers to equitable access: How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?

This project addresses systemic barriers to equitable access to care by providing services locally, which will increase access to orthopedic care for some patients that

would not otherwise be able to access it at all or without significant burdens. As a location close to their home, the Westchester location would eliminate or reduce some transportation costs (e.g., gas, tolls, parking, etc.) for patients.

STEP 4 – MONITORING

1. Existing mechanisms and measures to monitor impacts: What are existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project?

At the enterprise level, NYU's Institute for Excellence in Health Equity develops, implements, and disseminates evidence-based solutions to advance health equity in clinical care, medical education, and research. The Applicant has developed a health equity impact dashboard and has increased efforts to collect self-reported data related to patient demographics in the electronic medical record to facilitate efforts to track the impact of different projects on medically underserved groups. The dashboard specifically includes the Orthopedics department and captures data on all patients, including indicators such as race, ethnic background, gender/gender identity, age group, preferred language, financial class grouping, insurance grouping, median household income, and others. NYULH plans to leverage this dashboard and data, as it does throughout its various projects, to reveal and address inequities and disparities.

The Department of Orthopedic Surgery at NYULH captures and measures a variety of outcome measures that can be analyzed by various demographic factors such as race, ethnicity, age, gender, payer, and primary language. The Applicant is able to identify health disparities in outcome metrics such as orthopedics mortality rate, mortality events, 30-day readmissions, and observed-to-expected length of stay. Specifically, the Department of Orthopedic Surgery focuses on mortality, length of stay, readmissions, and discharge to home measures in orthopedic procedures such as knee replacement, hip replacement, hip fracture, and spinal fusion. Additionally, the Department of Orthopedic Surgery keeps track of outcomes and metrics related to external organizations such as U.S. News and World Report, CMS, and Leapfrog.

To oversee departmental initiatives aimed at reducing health disparities and increasing health equity, the department appointed a Vice Chair of Equity and Inclusion in the Department of Orthopedics.

2. Potential mechanisms and measures Applicant can put in place to monitor impacts: What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?

New mechanisms the Applicant might consider implementing include requiring health equity training for staff and adding questions related to health equity to consumer satisfaction surveys. Using the definitions provided by the State, the Applicant can rework their internal dashboards to report changes in metrics for the specific medically

underserved groups identified to better align with the way other organizations and the State are measuring and monitoring outcomes. The Applicant may also consider continuously engaging with patients receiving services, referral partners, and community groups to obtain qualitative input about how changes have been received and what improvements could be made. This will help ensure the success of this project and inform future projects of a similar nature.

STEP 5 – DISSEMINATION

The Applicant will publicly post the CON application and the HEIA on its website within one week of acknowledgement by the Department. The Department will also publicly post the CON application and the HEIA through NYSE-CON within one week of the filing.

OPTIONAL: ADDITIONAL COMMENTS FROM THE INDEPENDENT ENTITY

In 250 words or less, provide any additional points of information the Independent Entity feels is relevant to the proposed project. Add any relevant information that was not asked about in the Template but was found through the development of the Health Equity Impact Assessment.

----- SECTION BELOW TO BE COMPLETED BY THE APPLICANT -----

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant, not the Independent Entity.

I. Acknowledgement

I, Joseph J. Lhota, attest that I have reviewed the Health Equity Impact Assessment for the Westchester ASC that has been prepared by the Independent Entity, Deb Zahn Consulting, LLC.

Joseph J. Lhota

Name

Title

Joseph Lhota

Signature

Sep 25, 2024

Date

II. Mitigation Plan

If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)

Please note: this narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made.

Westchester ASC Mitigation Plan

Through the implementation of this project, NYULH aims to enhance the patient experience and ensure patients are receiving the superior care that they deserve. While the HEIA highlighted some potential concerns from stakeholders, NYULH would like to reiterate it is very early in the planning process and is able to give all concerns strong consideration.

Regarding imaging, testing, and rehab services onsite, the proposed ambulatory surgery center does have plans for some imaging services (X-ray) and physical therapy on the third floor of the same building. As these will not be Article 28, they were not in the scope of the HEIA / CON. Additionally, there are plans for additional imaging sites in Westchester County that are under development. There will also be basic testing onsite, as lab work can be sent out from the new ASC location.

NYULH is committed to ongoing dialogue with stakeholders and will continue to incorporate feedback throughout the planning and implementation processes. Currently, patients undergoing elective joint replacement surgery are assessed by a nurse clinical care coordinator to determine any support services they may require post procedure, improving recovery outcomes. Furthermore, to better serve medically underserved groups, our perioperative surgical home coordinators and providers intend to establish more relationships with nearby FQHCs in the future. This will help address any gaps in care and provide resources and support to those in need. Although we are still in the early stages of planning, we will constantly assess our operating hours to determine if it is feasible to include evening and weekend hours to ensure greater access and flexibility for patients.

Lastly, NYULH offers ample financial resources available for patients should they need financial assistance. (The Independent Entity reviewed NYULH's Financial Assistance and Charity Care Policy extensively and referenced this in the Health Equity Impact Assessment).