New York State Department of Health
Health Equity Impact Assessment Template

Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

SECTION A. SUMMARY

1. Title of project	LICH Infusion Relocation to 100 Hospital Road
2. Name of Applicant	NYU Langone Health
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Deb Zahn Consulting, LLC Lead Contact: Deborah Zahn, deb@debzahn.com, 347-834-5083 Team Members Conducting the HEIA: • 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	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. **Lynnette Mawhinney** is a health equity and qualitative research expert with 20 years of experience in education. She completed a multi-year participatory evaluation of an equity audit tool that spanned three states. She is a professor and Chair of the Department of Urban Education at Rutgers University-Newark. **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. **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 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.
5. Date the Health Equity Impact Assessment (HEIA) started	05/07/2024
6. Date the HEIA concluded	07/22/24

7. Executive summary of project (250 words max)
The proposed project will relocate the Infusion Suite from the main hospital at 101 Hospital Road to a building directly across the street, where it will occupy a space on the 2nd floor of 100 Hospital Road. This will increase the total infusion chair count from 4 chairs to 12 chairs. Additional infusion chairs will allow for oncology and endocrinology infusions and expand current neurology infusion offerings beyond multiple sclerosis (MS). This will give new patients with cancer, Alzheimer's, organs transplant, immune-related disorders/conditions, and other conditions local access to infusion services instead of having to travel to Manhattan for services. Once implemented, patients and their caregivers will no longer have to navigate through multiple hospital corridors to the Infusion Center. There will also be expanded evening and weekend appointments available.
8. Executive summary of HEIA findings (500 words max)

The stakeholder engagement revealed multiple overall benefits of the relocation and expansion of services, including greater access to infusion services for current patients and patients with other conditions, reduced travel because of access to local services, greater continuity of care, and less reliance on caregiver support to access services. The new location will be on the same floor as the pharmacy, which allows patients to get their medications and, if they need it, a Hepatitis B test faster before they get an infusion.

These benefits apply to all patient populations. Specific medically underserved groups will have unique benefits. Low-income people will have reduced travel time and costs by accessing services locally instead of having to incur the costs associated with travel to Manhattan for services multiple times per week and will be able to manage work commitments more easily with access to expanded evening and weekend appointments. Women, who comprised 73% of Infusion Suite patients, will have greater access to local infusion services. People with disabilities and older adults who can have limited mobility will have easier, less taxing access to local services. People who are eligible for or receive public health benefits, particularly Medicare and Medicaid, will have greater access to more types of infusion services, as will immigrants who may not have the means to travel to Manhattan for services and, for those who can travel, may have difficulty navigating a large, complex city.

Some stakeholders wanted to ensure that the move outside of the main hospital would not delay or limit access to emergency services for patients who may have a reaction to an infusion. This project includes standard protocols for such transfers and if higher levels of care are required.

SECTION B: ASSESSMENT

For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.

STEP 1 – SCOPING

1. Demographics of service area: Complete the "Scoping Table Sheets 1 and 2" in the document "HEIA Data Tables". Refer to the Instructions for more guidance about what each Scoping Table Sheet requires.

Please see Scoping Sheets 1 and 2 in the "LICH Infusions_heia_scoping_tables" document.

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. 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 NYULH internal data along with integral qualitative demographic assessments about patient populations from clinical and administrative leads of the Infusion Suite. While the Applicant collects internal data, it does not identify immigration or disability status. For this information, we consulted publicly available data related to these groups in the broader service area.

Further information about specific medically underserved groups of the patient population served by the Infusion Suite was collected with the following publicly available data:

- Low-income people – internal electronic medical record data, American Community Survey, 2022
- Immigrants – American Community Survey, 2022
- Women – internal electronic medical record data, American Community Survey, 2022
- People with disabilities – American Community Survey, 2022
- Older adults – electronic medical record data, American Community Survey, 2022
- People who are eligible for or receive public health benefits – American Community Survey, 2022

Overall, identification of medically underserved groups impacted by the proposed project required a combination of internal and external data sources.

4. How does the project impact the unique health needs or quality of life of <u>each</u> medically underserved group (identified above)?

The proposed project involves relocating the Infusion Suite from the main hospital at 101 Hospital Road to a building directly across the street, where it will occupy a space on the 2nd floor of 100 Hospital Road. This will increase the total infusion chair count from 4 chairs to 12 chairs. Additional infusion chairs in this outpatient facility will allow what will be called the Infusion Center to provide oncology and endocrinology infusions and expand current neurology infusion offerings beyond multiple sclerosis (MS).

The expansion of services will give more people local access to infusion services instead of requiring travel to Manhattan for services. This is critical because many patients receive infusions multiple times per week.

The new location will reduce physical barriers to accessing services. The new location will enable patients and their caregivers to avoid having to navigate through the hospital from the lobby and through multiple hospital corridors to get to the current Infusion Suite. This can be difficult for patients and caregivers with mobility issues, including patients with MS, and patients who have diminished energy and physical abilities due to their conditions. In the new location will have access to the Infusion Center through from a parking lost to an elevator.

The Applicant will also expand evening and weekend appointments to provide additional access to patients.

Based on service area and patient data and stakeholder engagement, the Independent Entity expects that the greatest positive impact of the relocation of services will be experienced by:

Low-income people will have reduced travel time and costs by accessing services locally instead of incurring the costs associated with travel to Manhattan for services multiple times per week. With expanded evening hours and weekend appointments for infusions, low-income people, who often have less flexible jobs or are unable to take off work without losing income, will have more options to get care.

Women will have greater access to local infusion services and through an expansion of services. Between May 2023 and May 2024. 73% of Infusion Suite patients identified as women.

People with disabilities and older adults will benefit from having access from the parking lot to an elevator instead of having to navigate the hospital building. For populations not currently served by the Infusion Suite, they will have local access and no longer have to travel to Manhattan for services. These changes minimize their physical exertion and ease access to care, which are especially important for MS patients, older adults, and others who can have limited mobility.

People who are eligible for or receive public health benefits will have greater access to more types of infusion services, especially people on Medicare. Of existing patients, more than a third relied on Medicare as their primary source of payment.

Immigrants will benefit by having local access to the Infusion Center, which is important for immigrants who have low incomes as they may not have the means to travel to Manhattan for services and, for those who can travel, may have difficulty navigating a large, complex city. They also will be able to get to services from a parking lot rather than through a large hospital building.

We do not expect that any single group will be adversely affected by this project.

5. 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 seen by NYULH's LICH Infusion Service within the service area from May 2023-May 2024, 34% relied on Medicare as their primary source of payment while 14% relied on Medicaid as their primary source of payment. Medicaid as a primary source of payment served as a proxy for low-income patient populations in internal data analysis. Seventy-three percent (73%) of LICH Infusion Suite patients identified as women. (Source: NYULH Internal Data May 2023-May 2024.)

The Applicant expects to positively impact patients who currently use infusion services by expanding access to infusion services through increasing the total number of infusion chairs from 4 chairs to 12 chairs after relocation and reducing physical challenges at the current location. The expanded hours will also increase access for current patients.

The makeup of the patient population is expected to slightly change as the Infusion Center will no longer be limited to just internal neurology referrals. Ninety-nine (99%) of the patients seen at the Infusion Suite were neurology referrals, predominantly for patients with Multiple Sclerosis (MS). This patient population tends to skew toward people who identify as women and non-Hispanic white patients. The Applicant's additional infusion chairs in this relocated Center will allow for oncology and endocrinology infusions, expanding current neurology infusion offerings beyond MS. This will include patients with cancer and Alzheimer's, which is expected to alter the demographics of patients to include more people who identify as men and racial and ethnic minorities.

As noted above, internal data limitations include a lack of robust data related to immigrants and people with disabilities. Therefore, the Independent Entity is unable to quantify current or expected utilization specific to these groups.

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

Facility	Location
Thrivewell Infusion – Holbrook	Holbrook, Suffolk County
Specialty Infusion Centers (f/k/a Vivo Infusion)	Port Jefferson, Suffolk County
Stony Brook Cancer Center	Stony Brook, Suffolk County
Northwell Health Peconic Bay Medical Center	Riverhead, Suffolk County
Northwell Health Mather Hospital	Port Jefferson, Suffolk County
Critical Healthcare, Registered Nursing Service	Port Jefferson, Suffolk County

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

There is no reliable historical market share data accessible by the Applicant, as the most providers/entities offering similar services in the Applicant's service are private companies that do not submit data to New York State as Article 28 facilities are required to do. Therefore, a market share analysis would not accurately reflect market shares.

It is difficult to project future market share because there are no publicly available data for clinic visits for which the Applicant can use as a baseline for market share assumptions. Additionally, market share assumptions are difficult to ascertain because a hospital's market position in any given service line also will depend largely on the activities of other hospitals (e.g., strategic service line expansions/closures), which generally cannot be predicted.

8. 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's stated mission above all is to provide the highest quality healthcare that patients deserve. The Applicant provides care regardless of a patient's ability to pay and has a financial assistance policy available to patients who are in need. 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). The NYULH Charity Care and Financial Assistance policy can be found online (https://nyulangone.org/files/charity-care-financial-assistance.pdf).

The Applicant'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.

Description of the number of Medicaid or uninsured discharges/people served/residents in this facility compared to the total number of Medicaid or uninsured discharges/people served/residents in the region.

Based on historical the Applicant's May 2023-2024 internal data and cancer infusion expansion, the Applicant projects 15-20% of visits at the Infusion Center will be for Medicaid patients in year one. (Current May 2023-May 2024 payor mix for the infusion suite includes 34% Medicare, 47% Commercial, 14% Medicaid, and 5% other.) A subset of the "Other" payer mix includes uninsured patients. According to US Census data, at the New York state level, the payer mix in 2022 was 42.9% public health insurance coverage (19.1% Medicare alone or in combination and 28.5% Medicaid alone or in combination), 65.4% private health insurance coverage, and 4.9% uninsured.

Description of how this compares to the total number of licensed medical-surgical beds/people served/residents for this facility compared to the total number of licensed medical-surgical beds/people served/residents in the region.

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

9. 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.

Due to the project's increase in the capacity of infusions, the Applicant will need to recruit additional staff for this expanded service. The Applicant will increase current staffing from 6 FTEs for 4 infusion chairs to 20 FTEs for 12 infusion chairs for the new location. By the third year of operation at the new location, the Infusion Center will have a total of 23 FTEs for 12 infusion chairs.

The Applicant has a standard recruitment process and uses established standards to determine staffing plans. The Applicant also 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. Are there any civil rights access complaints against the Applicant? If yes, please describe.

Following is a summary of civil rights access complaints against the Applicant, including a summary of the complaint and the current status of the complaint. Note these are not specific to LICH's Infusion Suite.

- 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. 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 Applicant has not undertaken similar projects/work to this Infusion Center move in the last five years.

STEP 2 – POTENTIAL IMPACTS

1. 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
    c. Reduce health disparities

Since infusion services are used across multiple disease groups, infusions affect multiple patient groups. Through this Infusion Center move and expansion, it is

anticipated that there will be a positive impact on each medically underserved group identified in Step 1, Question 2 with some additional benefits for some groups.

Re-locating the new Infusion Center will improve access to infusion services in a number of ways. The expansion from 4 to 12 infusion chairs will enable the Infusion Center to serve more patients as will the expanded evening and weekend hours. It also will enable the Center to reduce wait times as infusion capacity increases. These changes are especially important for low-income patients who will have more flexibility to schedule appointments around their work commitments and not be burdened by longer wait times.

Due to the expansion in the types of infusions, patients with other conditions will now have local access to infusion services instead of having to travel to Manhattan. This is especially beneficial to low-income patients who currently incur travel costs and must take time off from work to receive services in Manhattan. It is also beneficial to immigrants who may find Manhattan difficult to navigate.

Patients with limited mobility, including people with disabilities and older adults, and patients with other physical challenges due to their conditions, will no longer need to navigate through various parts of the hospital to access the Infusion Center.

Women, who comprised 73% of Infusion Suite patients, will have greater access to local and additional types of infusion services as will people who are eligible for or receive public health benefits. The latter includes Medicare patients who comprised more than a third of Infusion Suite patients and Medicaid patients who are expected to comprise 15%-20% of patients after the relocation. Again, this reduces the need to wait for services and/or travel to Manhattan.

Providing this additional access means that patients will be less likely to have to sacrifice their income or risk losing their jobs to get infusions, which will increase health equity. Reducing the physical and financial burdens of getting to infusion services will also advance health equity for those who shoulder the greatest burdens today.

The additional access to infusion services, including local access for patients with other conditions, and reduced physical and financial burdens may also lead to patients being able to get infusion services as prescribed and regularly follow up with their care more easily, which can produce better health outcomes.

2. 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.

There are no unintended positive or negative impacts to health equity expected as a

result of the project. The intended positive impacts are described in response to Step 2, Question 1.b and 1.c.

3. 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 amount of indigent care provided by the Applicant will not change as a result of the implementation of this project. In FY23, the Applicant contributed $93 million in charity care across the enterprise (not specific to LICH Infusion Center).

4. 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.

Accessibility by public and private transportation will remain unchanged if the project is implemented. Since infusion services will be across the street from the main hospital location, patients will continue to use the same public transportation (Bus 77 or 77Y) or private/personal transportation options they previously used to get to their appointments at the current Infusion Suite location.

For MS patients, the Infusion Center staff work with patients and the Multiple Sclerosis Foundation (MSF) to determine qualifications and assist in securing funding from the MSF's Transportation Assistance Grant program, which helps people with MS with transportation to healthcare.

Infusion Center patients and caregivers will have access to the transportation and other supportive care resources available to patients at the Applicant's other Perlmutter Cancer Center locations. With those services, patients will be referred to social work and nurse navigation teams to assist patients in securing transportation with community resources.

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

Relocation of the Infusion Suite across the street will reduce architectural barriers by eliminating patients' need to navigate throughout an inpatient location as they currently have to do in the hospital setting to reach the Infusion Suite. As expected with new construction projects, the Applicant will build to all local, state, and federal code requirements and ensure ADA accessibility for patients with mobility impairments.

6. Describe how implementation of the project will impact the facility's delivery of maternal health care services and comprehensive reproductive health care services, as that term is used in Public Health Law § 2599-aa, including

contraception, sterility procedures, and abortion. How will the project impact the availability and provision of reproductive and maternal health care services in the service area? How will the Applicant mitigate any potential disruptions in service availability?

N/A. The project will have no impact on the facility's delivery of maternal health care services and comprehensive reproductive health care services.

Meaningful Engagement

7. List the local health department(s) located within the service area that will be impacted by the project.

Suffolk County Department of Health Services

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 this project with Dr. Shaheda Iftikhar, Chief Deputy Health Commissioner for the Suffolk County Department of Health Services. She provided helpful input on the potential impact of this project. Dr. Iftikhar indicated that the most important benefit of the proposed expansion at this site is the increased access to infusion services for the surrounding community. She said that it is often an added burden for patients in Long Island to travel to New York City to receive treatment after they receive a disease diagnosis. She said having access to their treatment locally and close to where they live will make a huge difference for these patients and their caregivers. Beyond an infusion facility being physically close, she also highlighted that the ability to book appointments within reasonable time frames with improved access and cited that delays in getting an appointment to receive an infusion can be a common barrier for infusion patients.

Dr. Iftikhar noted that the population the Applicant serves includes at-risk communities who she would hope would now have greater access given they would be expanding the number of patients and types of patients seen at the facility.

Her main concerns were 1) ensuring the expanded site has sufficient staff members to avoid delays in getting the services provided, specifically an adequate number of clinical providers who can oversee patients' treatments in addition to an increase in general staffing of the facility and 2) ensuring the expanded site would be able to accommodate uninsured and underinsured patients as she saw that as the principal equity issue to be addressed in planning for this expansion.

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

9. Meaningful engagement of stakeholders: Complete the “Meaningful Engagement” table in the document titled “HEIA Data Table”. Refer to the Instructions for more guidance.

See Meaningful Engagement tab in HEIA Data Table attached.

10. 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 relocation and expansion of services, including access to infusion services for more patients with more conditions, reduced travel because of access to local services, greater continuity of care, and less reliance on caregiver support to access services. This applies to all patient populations, including the following medically underserved groups:

- People with disabilities, particularly with MS, will have more access to local infusion services.
- Older adults, who comprise nearly 20% of the service area population and represent the largest proportion of Alzheimer’s patients.
- Low-income people will have fewer hours that they will be unable to work and reduced travel costs.
- Immigrants will have greater access to local infusion services.

Stakeholders expressed one concern about the move. Some stakeholders said that they hoped that since the new location will be outside of the main hospital, there would be no delay or any limited access to emergency services for patients who may have a reaction to an infusion.

The Applicant has existing onsite protocols and transfer protocols that are in place for these types of transfers and higher levels of care needed.

The details are provided in Question 11 with supporting quotes.

11. 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 7 stakeholders about the project. We conducted 3 patient interviews, 1 caregiver interview, 1 interview with a nurse partitioner at the Infusion Center, 1 interview with a local community-based organization, and 1 interview with a local health department official. The stakeholders we spoke to included 3 members of a racial or ethnic minority group, 1 immigrant or refugee, 1 disabled individual, 4 individuals aged 65 or over, 1 individual living in a rural area, and 1 Medicaid insured individual.

All Patients
The stakeholder interviews enabled us to identify perceived benefits of the relocation and expansion of services to all patient populations, including medically underserved groups. The main benefit is reduced mental and emotional burdens on patients by cutting down on wait times. Infusions often take multiple hours, so any time saved is less burdensome for patients. With this move, the new location would be on the same floor as the pharmacy, which allows the patients to get their medications faster once they are in the infusion chair. Moreover, some infusion patients need a Hepatitis B (HepB) test before they get an infusion. A staff member discussed:

> "Right now they [ones needing a HepB test] are put second to the people in the ER with the labs. But when the move happens, infusion patients won't be put second with the labs and will cut down on wait time for infusion patients." (Staff Member).

The relocation and expansion of the Infusion Center with other infusion needs (e.g., oncology, Alzheimer's, solid organ transplant, immune-related disorders or conditions, etc.) will enable more patients to access services locally rather than continuing to have to travel to other locations.

A current NYU Langone Health oncology patient that lives in the service area travels 50 miles one way to receive infusions at Brookhaven every other week. This has been problematic considering weather, traffic, and other conditions, which meant the patient always had to bring a caregiver on these long trips.

> "I'm 83 years old. We drove in all winter every other Tuesday. One of those Tuesdays was a really horrendous snowstorm, you know. It's not a good situation for anybody, but the older you get it, it becomes a little tougher. And without the HOV lane on the expressway, it's an impossible ride. I have to always ride with someone." (Patient).

The relocation would allow this patient to drive 5 minutes away without a caregiver to attend the infusions, and more importantly, it would keep everything within the NYU Langone Health system and with the patient's current doctor. This patient's family member and caregiver explained the need for an infusion center in the area, coupled with the supports for **older adults:**

> "I just want to add that this [infusion center] is something that is so badly needed for the area, for the catchment area that we are in. I would love to see it come sooner than later. I think it would be a big boost to cancer patients in this area. There are a lot of senior citizens around here, a lot of senior citizen housing, and

> I just if he has a problem with chemo, LICH is right there, his NYU doctor is right there." (Caregiver).

An oncology patient noted that chemotherapies often leave patients feeling physically unwell, so to have to drive to and from appointments over a long distance is not ideal. If a patient does not have a family member or someone willing to drive them, it is quite a burden on patients:

> "I have 3 girls, and they would each take a turn to help me out now. Not everyone has that opportunity. And if you don't feel good, you know, that treatment doesn't make you feel good. It would be difficult to drive—the patients themselves. So I was lucky enough to have the kids insist. So for an average person, they may have a lot of trouble." (Patient).

Having local access is even more important given that patients who need infusions must be physically present for follow ups:

> "And the provider can get those results and make sure that a patient is doing well on the therapy, and it doesn't require the patient to actually come in. But it does with infusion. It does require a patient to be physically there. So I think that having something out in Long Island would definitely be a game changer." (Community-based Representative).

The expansion of patients who can get infusion services also supports continuity of care by providing centralized care for dually diagnosed patients needing infusion for different conditions. A staff member explained:

> "The continuity of care absolutely. You know, being able to expand our services by expanding our chair numbers from 4 to 12 would allow us to not just infuse MS infusions, we might be able to expand to chemotherapy as well, and gastrointestinal infusions as well, and rheumatoid infusions as well. So just being able to provide services to that many more chronic conditions would provide a great community service. And now they're going to other centers and maybe traveling further, or maybe not getting it at all." (Staff Member).

The expansion of infusion chairs also allows patients to stay within the NYU Langone Health system with one electronic medical record, which can ensure that all patients' information is accessible across providers and reduces errors in their medical records.

Further, a community-based organization representative explained that the expansion of services may allow patients to gain access to experimental medications that they would otherwise have to go to Manhattan for:

> "Everyone cannot get to NYU on 34th Street, and even when you get there, trying to figure out where you're going is a challenge. So having an infusion center available out in Long Island would be major. I'm thinking that this is not just going to be for NYU patients. But hopefully, other providers that are in the region can have access to a resource that can provide the necessary therapy and everything." (Community-based Representative).

Older Adults

A community-based representative also mentioned that Long Island's population is 20% older adults compared to New York State's overall older adult population at 15%. The Infusion Center expansion allows for infusions for patients with Alzheimer's, a chronic disease that mainly impacts older adults. With the older adult population, coupled with current Alzheimer's infusion services that are only available in Manhattan, this expansion will enhance ease of access to services.

> "Alzheimer's disease is normally associated as an issue with rising age. And so we think that there's definitely a population out there that will benefit from this more so because there's such a concentration of older adults that are living out of Long Island." (Community-based Representative).

The Long Island relocation makes it easier for transportation for older adults. Some Alzheimer's patients need transportation services, as explained by the community-based organization representative:

> "Transportation is important because many people lose their ability to drive or have challenges with maintaining that support, with just managing their homes, cleaning their homes, doing their laundry, doing just activities of daily living, having home health aides." (Community-based Representative).

Conversely, one staff member was concerned about no longer being located within the main hospital building if a patient were to have a reaction to an infusion. Upon completion of an infusion, the patients must wait 30 minutes to 1 hour to see if they have a reaction to the drug. While the current location within the hospital allows them to send patients directly to the emergency department, the proposed new location across the street will require medical staff to call an ambulance to move the patient across the street. This has implications for both delays in the delivery of life-saving care to patients and for cost to commercially insured families who will receive a bill for the ambulance needed for transport across the street.

> "If there is an infusion reaction, we have to get them back to the hospital via an ambulance transfer. I would worry if the patient does have an infusion reaction. Now we will have to call 911 to transport them back to the hospital." (Staff Member).

Low-Income People

The move also allows for expanded evening hours and weekend appointments for infusions, which can provide greater access to all patients and especially benefit people with low incomes who often have less flexible jobs or are unable to take off work without losing income. A staff member explained this impending change:

> “Being able to expand our hours and the days of the week. Right now our Infusion Center is only open Monday through Friday, 8 to 4. So being able to provide infusions in the evening hours and on the weekends would expand to the community that can only come in evenings and weekends. They would have access to the infusions during the hours that we don't provide right now. That would be great.” (Staff Member).

This is also important for those living with chronic diseases and the need for flexibility in their schedules. A staff member discussed how, with the current hours, patients have left the Infusion Center to seek infusion services at other facilities, but the extended hours will alleviate this issue:

> “Living with a chronic disease, you have flare ups of your disease. So not every day is a day that you can go to work where you feel strong enough to go to work. So they're taking time off for their medical appointments, because medical offices aren't always open on weekends either. And those appointments are often the ones that, you know, people want, that work. So it's tough to get appointments. It would be a very desirable thing for patients to have the weekend and the evening hours. Many of them have told us that and then honestly, we have lost quite a few patients in the Infusion Center and they've gone to other infusion sites that offered the weekend and evening hours. And it was disappointing to hear and we weren't able to accommodate them.” (Staff Member).

Given that patients have to travel three days a week and infusions take two to three hours each time, services being available locally also will lower the cost and time burden of travel (via driving or public transportation) for patients, which especially benefits patients with low incomes. An oncology patient discussed how currently it can take between an hour and an hour and a half to drive to an oncology infusion appointment near him. With the expansion opening up the possibility of oncology patients being seen at the Infusion Center, he said:

> “Having it [Infusion Center access] closer would make a big difference” (Patient).

Immigrants

One patient noted that there is a large immigrant population around the Center, and with the increase in number of chairs available, she imagines it will make infusion services

more accessible to immigrant population and any low-income populations who do not have the means to travel long distances for infusions.

12. 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.

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

- Lesbian, gay, bisexual, transgender, or other-than-cisgender
- Uninsured

STEP 3 – MITIGATION

1. 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 community by utilizing a standard, multi-pronged advertising/communication plan. For individuals of limited English-speaking ability, the Applicant will translate relevant materials such as marketing flyers, press releases, and in-facility signage. There will be signage at the current locations in English and Spanish announcing the move, a letter in English and Spanish will be sent to patients, and Center staff will also be communicating the details of this move at patient appointments well before it takes effect. Current Center staff will also alert patients as they call for appointments and when they are at their appointments in the current Center prior to the move.

The Applicant's advertising/communication plan will also include outreach to specific publications that target individuals who speak a language other than English. The website will be updated with messaging about the move, and there will be social media posts 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.

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

Stakeholders had the following specific suggestions for how the project can better meet their needs as they considered the impact of the move:

Ensure the new location is communicated clearly
A community-based representative mentioned that marketing and communication of the move will be critical. Marketing the new services to the community will also be important. For example, the representative explained:

> "And who is it an opportunity for? And are we identifying people early enough? Are we doing enough to identify people in the early stages of dementia that these chairs will be filled across the board." (Community-based Representative).

Ensure scheduling infrastructure is in place to accommodate increased booking
Since there will be an expansion of chairs coupled with extended hours of services, it is important that the infrastructure for scheduling can support the capacity of more patients booking appointment times. This should include clearly communicating the extended hours and ensuring it is easy for patients to understand how to book appointments.

3. How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?

The Independent Entity recommends the Applicant speak with members of the patient population served by the Infusion Center as their insights are invaluable to understanding how best to ensure any changes to the project consider their needs and the impact on the patient experience for members of different medically underserved groups. It would also be beneficial to speak with medical facilities in the area who may refer to the Infusion Center to ensure that any changes to the project are relayed on and inputs are elicited from those who will be sources of future patients for the expanded infusion services.

The Independent Entity recommends engaging patients, caregivers, and staff as the project is implemented. Ideally patients should be contacted approximately 3 months after the relocation and expansion takes place. This would allow patients, caregivers, and staff to experience the impacts of the project and provide input on any potential improvements. We propose interviews so the Applicant can get nuanced information about the impact and potential improvements. We also would propose a patient survey at 3 and 6 months to capture perspectives about the extension across the Infusion Center patients and caregivers.

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

The project addresses systemic barriers to equitable access to care by providing services locally. This reduces the dual burdens of lost time and excess travel for infusion patients and their caregivers.
Additionally, the expansion and extended hours will improve access to infusion appointments for low-income people, who are constrained by the current schedule and may have less flexible jobs or are unable to take time off of work for appointments.

STEP 4 – MONITORING

1. 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 infusion patients and captures data on all patients, including indicators such as race, ethnicity, gender/gender identity, age, preferred language, financial class grouping, insurance grouping, median household income, and others. The Applicant will leverage this dashboard and data to reveal and address inequities and disparities as it implements the project.

2. 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 re-work their internal dashboards to report changes in metrics for the specific medically underserved groups identified to better align with the way other organizations and NYS are measuring and monitoring outcomes. The Applicant may also consider continuously engaging with patients engaged in this process 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.

Specifically, for the Infusion Suite, the Applicant uses a dashboard to track volume, infusion type (cancer vs non-cancer), disease type, treatment delays, and reasons for delay. This information assists clinical and non-clinical personnel to better understand and respond to changes or issues with patient need, volume, and service timeliness. These data can all be assessed by medically underserved groups to reveal improvement needs related to health equity and disparities.

STEP 5 – DISSEMINATION

The Applicant is required to 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: Is there anything else you would like to add about the health equity impact of this project that is not found in the above answers? (250 words max)

------------ 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 ___________________ that has been prepared by the Independent Entity, Deb Zahn Consulting, LLC.

Joseph Lhota

Name

EVP and Vice Dean, CFO

Title

Joseph Lhota

Signature

Aug 12, 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.

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.

Maintaining appropriate staffing levels is a key part component of our implementation planning, and NYULH will determine the most effective staffing based on volume trend monitoring and patient care needs. Regarding recruitment, we are proactive in our efforts, continuously filling positions despite industry-wide challenges. Our comprehensive recruitment plan will be in place well before the Infusion Center is open to ensure smooth operations. We assess our staffing needs regularly based on patient volume and service demands, and we offer competitive salaries, professional development opportunities, and a supportive work environment to attract and retain top talent.

Operations in the new Infusion Center location will mimic and build upon the current operations of the Infusion Suite location within the hospital to promote a straightforward onboarding process. While adverse infusion reactions are relatively rare in occurrence, not all require transfer to a hospital. Most reactions are able to be managed onsite, where the patient recovers, and then is safely discharged home. For the rare occasions when there is a more robust reaction to an infusion treatment, NYULH has hypersensitivity protocols in place for all personnel to expeditiously respond and stabilize the patient. It is imperative to emphasize that the Infusion Center's location is approximately 500 feet away from the hospital's entrance.