COMMUNITY WELLNESS CENTERS OF AMERICA

March 2012

Integration of a Cost Effective Healthcare Plan for Jamaica, Queens, New York

Prepared For:

The Honorable Andrew M. Cuomo
Governor of New York State

Prepared by:
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Community Wellness Centers of America, LLC is pleased to release the attached pilot model healthcare program developed for Southeast Queens, Jamaica, submitted to Governor Cuomo's office by Senator Shirley Huntley titled "Integration of a Cost Effective Healthcare Plan for Jamaica, Queens".

This healthcare initiative will develop evidence-based preventive care supported by Electronic Health Record (EHR) technologies, and provide a full spectrum of integrated services and programs that are easily accessible; eliminate health disparities, increase the quality of health to its residents, reduce healthcare costs and fraud and abuse, and incorporate recommendations from the Medicaid redesign team.

The attached healthcare program addresses the State of New York's pressing financial constraints and lack of cost effective easily accessible medical care for our healthcare system at-large, and will provide important costs savings to the State of New York.

We are confident in our ability to achieve our goals to provide an integrated cost efficient quality care plan coordinated with State and local government officials, and agencies that will significantly improve current health disparities throughout the community. Your support in this endeavor would be greatly appreciated.

Should you have any questions about this pilot healthcare initiative, please do not hesitate to contact me.

Reference Websites: **Rochdalevillagehealth.com** & **http://cwcoa.com**

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EXECUTIVE SUMMARY

Our goal in working with the Office of the Governor is to bring into the community a coordinated government, private sector, and local community approach that would significantly improve current health disparities throughout the community and supports of State's Hospital Closure Planning Act. Our process development will adopt policies and procedures that:

- Improve evidence-based medicine programs
- Adopt best practices across the healthcare continuum
- Improve process efficiencies
- Improve physician-patient communication
- Educate the population about medical care
- Build the infrastructure for a community accountable care organization
- Establish personalized medical treatment/prevention programs

Many divergent elements will require the support and coordinated efforts of the Governor's office, in addition to City and State Department of Health officials facilitating various required approvals. Additionally, the early identification of developmental funds and grants in support of the community's initiative will be imperative for success.

CWCOA firmly believes that through the creation of carefully planned wellness centers and integrating services throughout the community, the initiative will assist the State of New York to:

- Identify gaps in care and reduce healthcare costs and overutilization of hospital-based services and emergency rooms which are not cost effective compared to well designed wellness centers;
- Create consistency by implementing Electronic Health Record technologies that are interoperable with any health systems electronic system and enables the establishment of best practices of patient care that can be consistent throughout the healthcare continuum;
- Identify the right collaborative healthcare system partners in establishing a cohesive scalable, interoperable coalition of integrated services providers.

CWCOA health center(s) will result in significant cost savings to the State of New York. Congress has recognized that access to primary care health centers yield substantial cost savings to the health care system by reducing emergency department visits, hospitalizations, and other avoidable, costly care.

The National Association of Community Health Centers (NACHC) "State Policy Report #33, October 2010 (see ATTACHMENT - A) highlights the importance of health centers' contribution to improving the health and reducing costs to states. Through the proper allocation of funds for this healthcare initiative we hope that the State of New York will financially support this endeavor despite an overall reduction in financial support.

ABSTRACT FROM ATTACHED NACHC REPORT:

A recent study from George Washington University finds that the expansion of health centers under the Affordable Care Act will **save up to $181 billion in total health care costs between 2010 and 2019.**

Furthermore, **health centers currently save $1,262 per person** through efficient delivery of needed primary care. Health centers provide a high return on investment by providing a reliable health care home for the uninsured and Medicaid patients, and by reducing reliance on costly emergency departments for primary care.

Last year, health centers' combined economic impact was $20 billion. Beyond fueling economic activity, they also produced 189,158 jobs in the nation's most economically challenged neighborhoods, according to an analysis

completed by Capital Link. With the Health Centers Program set to grow significantly under the Affordable Care Act, health centers need essential state support in order to successfully expand their primary care network.

In support of providing the varied community's medical needs, it is essential to develop a community integrated system which addresses most, if not all of the disparities which we can use as a model program of excellence for the State of New York.

Creating outpatient services that accomplish all these goals is no mean feat, and we welcome any assistance that the Governor's office can provide in assisting CWCOA in the development of a cost efficient healthcare delivery model program that addresses the health and welfare of the community which would include the following core objectives:

- Assist and facilitate the development of a walk-in wellness center in Rochdale village, in addition to identifying and securing other locations for similar services and various centers of excellence;
- Infrastructure development, such as integrated collaborative partnerships/working relationships with hospitals, clinics and auxiliary services within the Borough which may also eliminate redundant services and reduce costs from current inefficient services
- Deployment of CWCOA Electronic Health Record Technologies providing increased data analytic capacity to better coordinate care and improve value, which is fully interoperable with any healthcare information system(s);
- Develop integrated care delivery strategies, which include community-based services, and electronic data to provide insights about how best to target care improvements for high-risk, high-cost groups of patients;
- Community support that encourages high-value care across the entire care continuum and ensures that investments in infrastructure and quality improvements are sustainable
- Developmental programs in support of establishing the ground work in support of an Accountable Care Organization;
- Development of a free standing integrated Health Information Exchange in partnership with, and support of all providers in the community.
- Assist in the recruitment and retention of clinicians into the community
- Collaborative working programs for successful integration of the new medical school at Hofstra into the community;
- Organization of a medical oversight committee to effectively monitor and coordinate with clinical programs integrated for achieving a healthier population in Queens, reduce readmissions in surrounding hospitals, and alleviate overcrowding and misuse of surrounding emergency rooms;
- Facilitate the development of wellness centers of excellence and reduce the cost of associated redundant medical services;
- Identify ancillary service support infrastructure systems and programs for further developmental presence in the community.
- Facilitate the collaboration for development of multidisciplinary programs that would be fiscally sustainable and benefit the community and the State of New York;
- Facilitate breaking down artificial divisional barriers that will allow for the development of patient centered programs;
- Other programs and services in support of sustainable growth opportunities for the community which alleviates overutilization of hospitals and emergency rooms and directly supports and educates the community.

We know that strategies for success will be those focused on long-term results requiring collaboration with other providers, and working arrangements to improve care of chronic illnesses and diseases, reduce costs and reengineer the care system in Jamaica and Queens. As recommended regarding the integration of the new medical school at Hofstra, the Council on Graduate Medical Education fully supports our initiatives. As contained

in **ATTACHMENT - B** the benefits associated with the integration of Hofstra's medical school in our community initiative would provide immeasurable benefits to the community and the State of New York.

New models of patient care, including Accountable Care Organizations (ACO's), are one important way to best meet the goals of optimized, coordinated patient care and also help curb health care costs. Working with the Office of the Governor will facilitate our initiative that supports:

- An organized approach that assesses, monitors and takes action steps that strengthen organizational processes, financial viability and growth opportunities;
- A means to develop with the State of New York report progress on all identified standards, programs and services with an appropriate level of detail;
- Ways to integrate and increase quality of care, and satisfaction
- An organized approach and practical methods to assess, monitor and recommend needed action to build and strengthen community wellness centers;
- An organized way to assess and monitor the health of the community, thru use of CWCOA's EHR Technologies;
- A shared developmental framework through which we work with New York State official leadership for developing an integrated process in establishing support for building the foundation for a community ACO.

By addressing the disparities in healthcare within the community, we project that the State of New York can establish a solid foundation for reducing costs and improving the health of the residents and further assist in:

- Gaining clarity on the principles of an ACO, including the distinct differences between Medicare ACOs and ACOs for commercial markets and be the first to implement a community based system with support in Jamaica and Queens;
- Develop strategies to align health systems' business approach with the needs of the community and the State of New York;
- Attain insight on the future of accountable care and be part of the development in Jamaica, Queens.

The physician-hospital relationship has always been important, but with reform, fortifying these partnerships is now an imperative. Integration will be the key to our success in the accountable care era and within the community of Jamaica, and the Borough of Queens. Therefore, CWCOA with the support of the Governor's office has established the following additional objectives:

- Building a physician relationship that supports our objectives and improves clinical outcomes and demonstrates attaining a healthier population;
- Evaluating alignment strategies for independent and employed physicians and develop a plan for the integration of Hofstra's medical school into the process;
- Identify unique growth opportunities and recruitment approaches with physicians which may require identifying appropriate grants in support of assisting physicians in establishing an office presence within the community and off-setting the associated costs for office space and EHR technology and supporting equipment;
- Deploy agreed upon strategies to improve clinical integration between physicians and health systems operating within Jamaica, Borough of Queens and assist the physicians possibly through grants in support of required EHR technologies to qualify for CMS financial incentives. (**see CMS Medicare and Medicaid EHR Incentive Programs ATTACHMENT - C**)

Accountable care is inevitable. Whatever specific form ACOs may ultimately take, accountability and integration of healthcare services will be an integral part of the future of healthcare, and CWCOA is poised to facilitate building the foundation

Our system data integration will improve cost efficiencies, medical decisions and the alignment of activities from the boardroom and from the emergency room to the integration of the medical school, creation of jobs, and further support bioscience initiatives.

Jamaica, and the Borough of Queens lag behind the other four Boroughs regarding healthy population goals for 2013, and our integrated system represents a shift from tactical thinking to strategic thinking and will lower overutilization of the surrounding emergency rooms. It is estimated that health centers under the Affordable Care Act will save up to $122 billion in total health care costs between 2010 and 2015. $55 billion of that is savings for the Medicaid program, including $32 billion saved by the federal government with states benefiting from the rest. (**See ATTACHMENT - D "Community Health Centers: The Return on Investment" by the National Association of Community Health Centers-Fact Sheet November 2010**).

CWCOA will create a culture of accountability as part of the deployment of a new healthcare initiative by establishing a steering committee of community stakeholders to conduct various reviews, make recommendations and provide oversight of this initiative which will involve:

- Preparing stakeholders for an agreed upon schedule of changes for implementing an integrated healthcare delivery system;
- Involve physicians and other key stakeholders in the planning process, specifically designed for the community to create an immediate approval consensus that will generate support;
- Implementing CWCOA EHR technologies which will enable clinicians to quickly access correct, consistent information to improve the quality of patient care, improve outcomes and reduce healthcare costs;
- We will develop a strategic approach which cuts across organizational lines facilitating a buy-in from healthcare executives, physicians and clinical staff of surrounding hospitals;
- Review and implement various proposals approved the NYS Medicaid Redesign Team dated February 24, 2011 (**See ATTACHMENT - E**)

CWCOA healthcare information technologies will integrate data previously dispersed in clinical, financial and operational systems providing users with more accurate insights into key areas such as service-line spending, quality of care and cost savings.

The integration of Hofstra's medical school into the service capability, research and clinical path analysis and review processes will provide additional capabilities for meeting the varied needs of the community for which the office of the Governor could interject an amicable grant initiative in securing these services for the community.

One of the primary focuses for this healthcare initiative will be to develop evidence-based preventive care services and programs, which is the underlying strategy to identify the disease conditions driving increasing costs and the patients with those diseases. We must target more resources toward those conditions and patients to improve overall quality and efficiency through a comprehensive objective incorporating all resources for the attainment of a healthier and prosperous population.

The intent of this initiative is to commence building the infrastructure working toward an Accountable Care Organization (ACO) that provides efficient, integrated quality care by sharing data and coordinating care across the provider network, and potentially integrate various bioscience initiatives which can further reduce healthcare costs.

This overall initiative will allow physicians to be invested in continually improving quality and efficiency of care delivered by the community's network of facilitates, and the entire continuum of care involving healthcare organizations.

With regard to the services which need to be represented and provided for in the wellness center(s), the following is a brief outline of projected services:

- Ambulatory walk-in clinic for non- emergency/life threatening treatment
- Cardiovascular referral services
- Diabetes services
- Orthopedic services
- Allergy and Immunology
- Women's Health Program
- HIV/Aids (to be contracted with (J-CAP)
- Radiology services
- Reference Lab
- Pharmacy
- Physical Therapy
- Occupational Therapy
- Optometrists office
- Dentists Office

Scope of direct services would include but not be limited to:

Coughs -Colds -Flu -Sprains –Strains-Bruises -Repair minor lacerations (stitches) - Minor fracture care -Earaches - Hypertension -Asthma -Diabetes -School and athletic physicals - Sore throats- High blood pressure- Indigestion - Rashes - Arthritis - Diarrhea - Back pain – vision checks – minor dental services – Physical/Occupational Therapy – Allergy detection and treatment – Vaccinations

Referral Services:

The center will establish state-of-the-art telemedicine monitoring programs in collaboration with specialists and in accordance with the patient's insurance coverage or private payment.

Preventive Health programs:

To effectively educate, monitor and provide educational programs

CWCOA supports the following pro-active measures required in bringing about the necessary healthcare initiatives, services and preventive programs into the community of Jamaica which include:

- A healthcare system(s) that clearly benchmarks as a goal the State of New York's healthier population goals for 2013, and beyond, which identifies the disparities in healthcare and access to healthcare needs of the community, as well as provides for the appropriate allocation of resources and services for an integrated delivery healthcare model within the community;
- A healthcare system(s) clearly supporting this healthcare initiative which not only addresses the disparities in healthcare, but fosters and promotes the hiring of clinicians to work within the community and local residents;
- A healthcare system(s) that unequivocally is committed to the community and supports and understands our cultural and ethnic needs as it relates to providing excellence in a healthcare delivery model for minority populations;
- Establish strategic partnerships with national programs whose main focus is closing the gap in healthcare disparities with a focus on Minority Health Issues such as CAD, HIV, Diabetes, and obesity.
- Insure that the service capabilities and advancements in medicine are kept up-to-date in all wellness center(s) and meet all regulatory and licensure requirements.
- Integration of Hofstra's medical school for continued improvements in the deliverance of high quality medical care in an urban environment.

Community Wellness Centers of America is committed to achieving the forgoing healthcare initiative which we strongly believe may represent significant accomplishments for the State of New York and assist in the further development of this model program in other regions of the State.

BACKGROUND:

Operational inefficiency is, and has always been among the top three drivers of waste in healthcare systems, along with overutilization of services and lack of system integration.

Improving process inefficiencies and developing interventions are most likely to significantly reduce the overall cost structure of healthcare in combination with better evidence-based medicine and a collaborative integrated standard of best practices

The driving forces today are different. With the passage of the Patient Protection and Affordable Care Act of 2010. There is pressure from the government to develop Accountable Care Organizations (ACO's), and the belief is that entities such as hospitals and physician practices will deliver better care if it is coordinated and if financial rewards go to those organizations producing quality driven outcomes.

The US Department of Health & Human Services has acknowledged for years that the disparities in the health status of minorities continue despite the continued advances in healthcare and technology.

African American, Hispanics and Latinos minorities continue to have higher rates of disease, disability and infant mortality, cardiovascular disease, diabetes, HIV infection/AIDS, cancer and lower rates of immunizations and cancer screening.

In support of New York State's Prevention Agenda toward a Healthier State, the goal is to improve the health status of the residents of Jamaica, Queens and focus on establishing a cost effective model in the distribution and access to healthcare providing preventative healthcare diagnosis and treatment resulting in a healthier population, and designed to reduce health care costs.

When Mary Immaculate and Saint John's Queens Hospital closed early 2009, a void in essential healthcare services occurred along with the crippling effect of thousands of unemployed healthcare workers straining our economy in Jamaica, Elmhurst and most of central Queens. This initiative must be accountable to the community with a firm commitment to engage and train residents to fill critically required occupations as part of this healthcare initiative.

The Wall Street Journal article on May 24, 2010 titled- "Queens Crunched by Hospital Closures" emphasized how critical our healthcare delivery system has become when you account for the fact that we not only had the lowest available hospital beds per 1,000 population, the effective deliverance of quality healthcare has without doubt been compromised. Furthermore, with the pending closure of Peninsula Hospital, additional uncertainties are mounting regarding the availability of required medical services supporting the community.

Minorities continue to experience lower health status when measured against other groups and the population as a whole, and without careful integration of a comprehensive healthcare initiative in Jamaica and the Borough of Queens addressing these disparities, the health status of our community will continue to suffer and the cost to the State of New York will continue to spiral out of control.

In support of the State's Prevention Agenda toward the Healthiest State, our goal is to improve the health status of the residents of Jamaica through increased emphasis on health prevention programs. When you review death rates by race, the statistics are alarmingly disproportionate to African Americans whereby the underlying prob-

lem in part due to access of quality healthcare, and the early detection and preventative measures which can be instituted, will have a positive effect for minorities.

Preventing illness in the first place makes much more sense than having to treat people when sick, and the identification and implementation of required services in Jamaica and the Borough of Queens will yield savings in health care and Medicare and Medicaid budgets and produce a healthier, more informed population of residents.

Prior to the enactment of this HITECH law, Richard F. Daines, M.D., New York State Commissioner of Health gave a presentation at the 6th annual urban health conference on June 15, 2007 regarding A Vision for Better Health: Reducing Health Disparities with Strategies that Work. As identified, the three primary tools for improving the healthcare outcomes of low-income New Yorker are:

- Health insurance
- Quality indicators
- And health information technology

Dr. Daines further provided a conceptual framework for eliminating racial and ethnic disparities which I currently share and support that result from lack of access to needed health services and preventive health programs and services, and lack of quality of care. Dr. Daines briefly outlined the challenges that are predominant as follows:

- An African-American baby boy born in the U.S. today lives 7 fewer years than a Caucasian baby boy.
- People of color account for 80 percent of new HIV infections, with African Americans accounting for 50 percent and Hispanics, 30 percent.
- The diabetes death rate in Hispanics is 40 percent higher than for non-Hispanic whites.
- Cancer deaths are 35 percent higher among African Americans than whites.
- African American, Hispanic and Asian American women wait twice as long as white women for diagnostic tests following abnormal mammograms

Establishing integrated preventative health services directly in the community and securing State Grants would enable us to provide the required support to our providers by offering clinicians the ability to analyze data and provide better patient treatment and care, resulting in improved health outcomes and less duplicate medical testing and procedures — contributing to overall reduced health care costs and enhanced quality.

DEVELOPING A ROADMAP AND STRUCTURE FOR ADDRESSING THE DISPARITIES IN HEALTHCARE FOR JAMAICA AND THE BOROUGH OF QUEENS

Unlike most business sectors our health care system is still largely paper-driven and plagued with inefficiency and poor quality of care compared to other developed nations. Our healthcare system is more prone to errors, and harder to measure and coordinate than it should be in the absence of coordinated collaborative driven proccesses facilitated by healthcare information technologies. Investments in health information technology can help improve this situation and lift the overall quality of health care in targeted communities as well as reduce racial and ethnic disparities and provide models that will help drive down costs, thereby producing a healthier population.

Better health requires healthcare providers to work cohesively together with payers in exploring opportunities to integrate the total continuum of care regardless of artificial boundaries and corporate structures required to collaboratively provide optimum efficiencies in patient care.

CWCOA knows that collaborations among providers and healthcare systems will enhance care and outcomes

and provide opportunities for the State of New York to test the impact of an integrated delivery model encompassing many different provider organizations.

This initiative spearheaded by CWCOA will enjoin all key stakeholders in the development of a unified collective collaborative integrated healthcare delivery model fostering seamless delivery of all medical services for improving the health and welfare of community residents by addressing the current shortfalls in our current noncohesive delivery systems which has adversely affected our community.

Our initiative will require service providers to implement cost effective policies and procedures operating in partnership with the medical community at large by requiring the elimination of "Business as Usual" by addressing cost effective quality deliverance of an integrated healthcare delivery system which ultimately may be used as a model for the entire State of New York.

There is a major movement toward not only alignment, but real integration between hospitals and physicians nationwide and the development of Accountable Care Organizations.

ALIGNMENT AND INTEGRATION FOR BETTER HEALTHCARE

We believe closer alignment and integration is the key to providing patients with better healthcare; improving quality, outcomes, and efficiency; and reducing healthcare costs.

With the passage of the Patient Protection and Affordable Care Act of 2010, and with the pressure from the government to build accountable care organizations, without question, our strained economy will force significant changes in the way we delivery healthcare services along with the impending changes to our Medicare and Medicaid programs.

One of the key elements of healthcare reform is to encourage hospitals, health systems, physicians, and health plans to integrate resources to provide more efficient, cost-effective healthcare. With gaps in guidance on what exactly an ACO should be, healthcare organizations have forged ahead with a myriad of strategies around clinical integration to create the foundations for accountable care.

The belief is that entities such as hospitals, physician practices, and long-term care will deliver better care if it is coordinated, and if financial rewards go to those organizations producing better outcomes. Additionally, physician practices that have been dependent on ancillary revenues to support physician compensation are being negatively impacted by reimbursement changes and are looking at how they can realign with healthcare systems, and not necessarily be employed so they may continue operating as a team member, but remain independent.

At large, it is estimated that health systems will have two-thirds of net patient service revenue come from outside the acute care hospital by 2020; and only through concerted efforts of wellness centers calling for integration of clinical data as CWCOA has planned, will they be able to fully manage the risk of community populations with electronic health record systems.

To get better outcomes and care coordination and keep our residents from being readmitted in the hospital, fully integrated healthcare delivery partnerships is in the best interest of our patients requiring immediate changes such as:

- **Restructuring governance.** Physicians must have a voice and significant role in reorganizational development. Majority of the time leadership falls short of truly engaging the physicians in the actual leadership of the organization.

- **Restructuring financial incentives.** Physicians should have active participation in the success of an organization and be legally accountable for quality and cost effectiveness.
- **Restructuring how you engage physicians.** The physicians must be included in establishing the continuum of care or the organizations are going to be at risk; making sure physicians are engaged in managing patient care in a more cost-effective way.

To augment our success telemedicine will play a critical role. The American Telemedicine Association (ATA) has called on the Centers for Medicare and Medicaid Services (CMS) to use its authority to waive what the ATA calls the "restriction-riddled" Medicare telemedicine statute for the new Accountable Care Organizations (ACOs).

Since CMS has the power to waive Medicare statutory provisions "as may be necessary to carry out" the ACO provisions, in formal comments to CMS April 25, 2011, the ATA proposed five specific changes for the final rules to allow:

1. Medical videoconferencing for the 35 million beneficiaries who live in metropolitan areas
2. Store-and-forward of medical images for the 43 million beneficiaries who don't live in Alaska or Hawaii
3. Physicians to judge the appropriate ACO use of telemedicine for otherwise covered services
4. Home-based medical videoconferencing
5. Otherwise covered therapy services to be delivered via telehealth

ABSTRACT-TELEMEDICINE

"Home monitoring gives heart failure patients boost"

Heart failure patients who used an interactive telehealth system with motivational support tools at home spent less time in the hospital and reported their quality of life had significantly improved over 12 months evaluation period, according to a new study.

The research, called CARME (CAtalan Remote Management Evaluation) was conducted at the Spanish Hospital Germans Trias i Pujol, and supported by Royal Philips Electronics, The Netherlands-based conglomerate that is the parent company of Andover, Mass.-based Philips Healthcare.

This is the first time that a telehealth system combining remote patient monitoring with motivational educational support tools has been researched, and the results demonstrate significant additional value and effectiveness for managing the health of chronically ill heart failure patients, according to Philips.

Previous studies have analyzed the advantages of telehealth in terms of patient care, decrease in hospital admissions and cost savings. The CARME study demonstrates the additional benefit for patients of including remote educational and motivational tools to improve their quality of life.

The study monitored 92 patients with severe heart failure at home, managed by the Hospital Germans Trias i Pujol Heart Failure Clinic. The interactive telehealth system Philips Motiva was used to connect patients to their healthcare providers via their home television and a broadband Internet connection.

Patients can take vital measurements in their homes and communicate the information to their physician via the system, and they can also receive educational and motivational information from their physician to help manage their health.

"The concept of providing educational support to heart failure patients via their television has significantly contributed to empowering them," said Josep Lupon, MD, head of the Heart Failure Unit and main researcher of the study. "Equally important, the CARME study has shown that disseminating patient and disease specific information via the TV, through Philips Motiva, helps family members to gain a better understanding of how to effectively support their loved ones in coping with their disease. This appears to have a very strong impact on outcomes." The research was presented at the European Society of Cardiology's Heart Failure Congress 2010 in Berlin.

CWCOA ELECTRONIC HEALTH RECORD (EHR) SYSTEM

CWCOA EHR system is powered by OmniMD providing a comprehensive suite of Electronic Health Records (EHR) and Practice Management System (PM) products and services offering unparalleled reliability, ease of use, efficiency and customization.

CWCOA ambulatory EHR version 11.0 is CCHIT and ONC-ATCB 2011-2012 Certified with more than 10,000 medical professional users from 700 practices.

Our EHR is designed to fully automate the workflow of contemporary healthcare organizations from patient portal, patient reminder, eligibility verification, scheduler, medical transcription, electronic medical records (EMR), document management, electronic prescription writer, practice management and medical billing.

We also offer a comprehensive set of support services such as document indexing, patient portal, patient reminder, transcriptions, medical billing and eligibility verification, and fraud prevention as part of an integrated solution for Jamaica and the Borough of Queens.

FRAUD AND ABUSE PREVENTION

CWCOA EHR incorporates a Kiosk system providing Biometric fingerprint identification for patient/physician/employee authentication. The Fingerprint identification is geared towards:

- Employee time clock – end the nightmare of calculating employee hours/eliminate employee fraud;
- Employee Login authentication eliminating the need for complicated/ever changing passwords;
- Secure access to an office when used in conjunction with our Access Control/Surveillance system;
- For Doctors - Control access to the medication closet;
- For Oncologists - Control access to the Nuclear Medicine by logging each access to the cabinet. When used with our security system, the system stores pictures of each user who accessed the area with time record in/out;
- Verification of patient identity when they check in and register. The registration process provides three (3) levels of verification: 1) Picture, 2) Signature and 3) fingerprint – protecting the physician practice and supporting the State of New York's initiative in preventing fraud and reducing costs;
- The system further requires patients to verify that they have read documents, notifications and prescriptions;
- Log patient's time in/out of the exam rooms – the system provides metrics to determine the length of time patients have been "seen" for reporting and quality control, and further validates physician/patient encounters

The CWCOA fingerprint access system is securely encrypted and stored within the system. Patients register at a Kiosk or front desk computer with a simple three (3) step process that takes less than 30 seconds.

The Biometric fingerprint scan compares multiple points on a fingerprint to ensure proper verification. The system provides automatic notifications and recalls patients after a set number of user controllable times (6 months, 1 year, never etc…) to update their fingerprint identification. The biometric system also locks patients out of the sys-

tem after a set number of unsuccessful access attempts, and provides a red alert for the front desk of attempted improper access. The system also records attempts in the patient file and provides metrics on logins (dates/times) and facility location.

Using state-of-the-art fingerprint scanning hardware, our biometric scan reduces inaccurate logins and false negatives increasing patient satisfaction and verification speed which is safe and secure.

CWCOA EHR TECHNOLOGIES

Our technologies not only captures clinical information but also enables users to access treatment guidelines, decision support features, clinical and administrative reports and best practice analyses. The following is the list of the specialties currently using the EHR technologies and services:

- Allergy and Immunology
- Anesthesiology
- Cardiology
- Dermatology
- Emergency Medicine
- Endocrinology
- Family Practice
- Gastroenterology
- Geriatric Medicine
- HBOT/Wound Care
- Hematology
- Internal Medicine
- Nephrology
- Neurology
- Oncology
- Ophthalmology
- Orthopedics
- Otolaryngology
- OB/GYN
- Pain Management
- Pediatrics
- Podiatry
- Psychiatry
- Pulmonology
- Rheumatology
- Surgery
- Sports Medicine
- Urology
- Vascular Surgery

CWCOA EHR PRODUCTS AND SERVICES:

PRODUCTS

- Specialty EMR
- Appointment Scheduler
- Practice Management
- Electronic Prescriptions (eRx) Writer
- Charge Capture
- Referral Management
- Document Management
- Lab Order Integration
- Task Management
- Patient Education
- Clinical Guidelines
- Health Maintenance Alert

SERVICES

- Transcription Services
- Eligibility Check
- Patient Portal
- Website Design
- Patient Reminder
- Software Integration Services
- Medical Billing Services
- Integrated Faxing Service
- Scanning & Indexing Services
- IT & Networking services
- Server Hosting

Currently, 700 practices with 10,000 providers are using our EHR technologies and Services to effectively address their financial, administrative, clinical and regulatory requirements and further provide:

* **Open standards based Interoperability (integrations):** interoperability is based on open industry standard technologies which has a robust and secured platform providing interoperability with other systems and networks
* **HL7 standards:** Most of the clinical data integrations are done based on HL7 2.x standards. OmniMD integration platform supports all the message types such as ADT, SIU, MDT, DFT, ORM, ORU, etc.

* **Health Information Exchange:** Health information exchange (HIE) is meant to transmit health care-related data among facilities, health information organizations (HIO) and government agencies according to national standards.

INTERFACING SYSTEMS

Health Connect enables providers to electronically exchange clinical information among disparate health care information systems. The goal of the HIE is to facilitate access to and retrieval of clinical data to provide safer, timelier, efficient, effective, patient-centered care.

The Health Connect is built on Intersystem's Ensemble Platform and as of today, over 50 such connections have been established with Hospitals, Lab Information Systems, AR/PM systems, and HIEs.

* HOSPITAL INFORMATION SYSTEMS

The system has interfaced with many Hospital Information Systems such as:

- QuardraMed
- HBOC McKesson
- SoftMed
- Allscripts
- EPIC
- Mckesson

* PRACTICE MANAGEMENT SYSTEM

The system has also interfaced with many Practice Management Systems such as:

- Advanced Data Systems
- MDEverywhere
- Medical Manager
- Lytec
- Medisoft
- Medical Master Mind
- Advanced Billing Services

* LABS

We are working with large number of laboratory systems which include:

- LabCorp
- Quest Diagnostics
- Shiel Medical Laboratory
- Lenco Laboratory
- Dynacare Laboratories
- Accupath Diagnostic Laboratories
- PLUS Diagnostics
- Bio-Reference Laboratories
- Spectrum Laboratories
- Pathology Associates Medical Associates
- Westcliff Medical Laboratories
- Millennium Laboratories
- Clinical Pathology Laboratories
- Sunrise Laboratory
- ATLAS iOn Network Labs (over 180 Laboratories)
- Doshi Diagnostics (in-process)

CERTIFICATION

• CCHIT CERTIFIED@2011 AMBULATORY EHR WITH FIVE-STAR USABILITY

CWCOA Version 11.0 has been inspected against integrated functionality, interoperability and security criteria independently developed by the Certification Commission for Health Information Technology's (CCHIT) broadly representative, expert work groups. Using CCHIT's testing methods, this product has been found in full compliance with the criteria in effect on the date of inspection.

This certification is intended to serve healthcare providers looking for greater assurance that a product will meet their complex needs. As part of this independent evaluation, successful use is verified at live sites and product usability is rated. (Source: CCHIT)

• ONC-ATCB 2011-2012 CERTIFIED COMPLETE EHR

CWCOA Version 11.0 is 2011/2012 compliant complete EHR and has been certified by an ONC-ATCB in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services. The certification qualifies CWCOA to offer credible EHR technology to providers that could assist them in achieving their 'Meaningful Use' objectives and earn EHR incentive payments under the American Recovery and Reinvestment Act (ARRA).

ONC-ATCB certification is a program that tests Complete EHRs or EHR Modules against the Final Rule issued by the Office of the National Coordinator (ONC), US Department of Health and Human Services (HHS), in July 2010 to qualify EHR technology for ARRA. For the purposes of this program, CCHIT is an ONC Authorized Testing and Certification Body (ONC-ATCB). (Source: CCHIT)

• SURESCRIPTS GOLD CERTIFIED

The Gold Solution Provider status is granted to vendors with software products that have surpassed Surescripts' baseline product certification criteria and demonstrate a higher level commitment to e-prescribing. This certification recognizes technology vendor products that leverage the complete resources and capabilities of Surescripts and its network to improve the safety, efficiency and quality of the prescribing process.

The certification ensures that the software is able to send and receive electronic messages in accordance with industry standards and that it provides open choice for medication selection and dispensing location. Additionally, certification focuses on patient safety, efficiency of the electronic prescribing process and ease of use by end users.

OVERVIEW OF EHR CAPABILITIES

The following are some of key reasons why CWCOA technologies will be utilized in Jamaica and the Borough of Queens:

1. STATE-OF-THE-ART EMR & PRACTICE MANAGEMENT SYSTEM

From EHR to practice management to electronic claims, CWCOA empowers healthcare organizations to effectively address their financial, administrative, clinical, and regulatory needs. Our solution is SureScripts® Certified, which also provides real- time alerts for drug to drug allergy and other interaction based on patient's EHR. We also offer a comprehensive set of support services such as medical billing and transcriptions as part of an integrated solution.

Other than extremely well-designed modules such as specialty EHR, appointment scheduler, patient reminder, the PM system also enables providers to make insurance claims electronically and receive online payments. The system also aids physicians in making extensive reports for better financial decision-making and planning.

2. DATA DOCUMENTATION

We offer and support three ways to entering patient information:

a) Dictation and transcription: Through smart phones, digital recorders or toll-free numbers (we also provide transcription services);
b) Forms, dynamic charts and templates: Fully customizable as per practice requirement;
c) Integrated system: we fully automate the practice with comprehensive EHR & Practice Management software and can even integrate it with an existing system. We also offer a completely integrated system, seamlessly combining EHR and PM modules with third party systems. We also have the capability to interface with many billing (practice management) and appointment scheduling systems and can even create a single centralized point of entry for patient demographics, insurance information and appointment details that can save time for providers and other practice staff.

3. ACCESS AND MOBILITY

We understand the need for providers to gain instant access to patient's charts at any time, from anywhere and our system can be accessed from any Internet-enabled device. Doctors can review charts, write or dictate notes, prescribe or refill medications, and check appointments from any Internet-enabled device.

4. REFERRAL MANAGEMENT

The system further allows other doctors to review certain portions of a patient record online. The Referral module automatically sends a fax and email notifying the guest doctor and provides him with login details. That doctor can then use any Internet-enabled device to be able to see or print the section of the patient's record that you may have allowed him access to.

5. EPRESCRIBING AND LAB INTEGRATION

The eRx connects providers seamlessly to pharmacies by integrating their systems with the Surescript network. It is also certified as a 'Qualified eRx' and is eligible to assist providers earning their Medicare incentive. The two-way integration between CWCOA and laboratories through its third party ION network enables online lab orders and online results to be automatically filed into patient records. By allowing this interface between providers and labs, the system has been instrumental in helping practices demonstrate the 'Meaningful Use' of EHR technology and earn financial incentives for the same.

6. ELIGIBILITY CHECK

- Online Insurance Eligibility Verification reduces time spent in calling insurance companies for verification
- Improves billing through real-time eligibility checks which can eliminate the typical 4-5% in bad debt
- No manual typing of patient's demographic and other details, decreasing new patient registration time by 20%.

7. DOCUMENT MANAGEMENT

By using the document management system, practices can do away with all paper records. They will also be able to access documents electronically from multiple locations at any time.

We know our EHR technologies and services provides a clear understanding of the robust technologies we will be integrating into all healthcare programs and systems brought into Jamaica including the following capabilities:

8. HEALTH INFORMATION EXCHANGE

CWCOA health information exchange (HIE) is meant to transmit health care-related data among facilities, health information organizations (HIO) and government agencies according to national standards.

Our HIE enables providers to electronically exchange clinical information among disparate health care information systems. The goal of the HIE is to facilitate access to and retrieval of clinical data to provide safer, timelier, efficient, effective, patient-centered care.

9. DISEASE MANAGEMENT

CWCOA/OmniMD Disease Management system helps providers to manage chronic diseases in patients such as diabetes, congestive heart failure (CHF), hypertension among others before they lead to serious health complications in the future. By identifying and constantly tracking the progress of such diseases in patients, the system enables providers to guide patients how to manage them and lead longer and healthier lives.

The Patient Health Alert Rule Configuration module enables providers to configure a patient's chronic diseases in the system based on various parameters. If there is any deviation from these parameters, the system will trigger a health alert for the physician who would then be able to investigate its cause.

10. PUBLIC HEALTH SURVEILLANCE AND IMMUNIZATION REGISTRIES

CWCOA Public Health Surveillance solution provides real-time, early warning information to providers about health problems that need to be addressed in a particular population. It is a critical tool to prevent outbreaks of diseases and develop appropriate, rapid responses when diseases begin to spread.

11. PATIENT PORTAL

CWCOA provides a multi-functional, user friendly patient portal integrated with the EHR system which allows patients to gain access to their medical charts and secured interaction with providers.

We have the capability to electronically record, retrieve and submit immunization information to immunization registries in either HL7 2.3.1 or HL7 2.5.1 format including the appropriate HL7 CVX codes

CWCOA FOCUS OF MEDICAL SERVICES

Community Wellness Centers of America is committed to providing wellness/prevention services which are easily accessible and help eliminate health disparities, thereby increasing the quality of health to the community's residents. Eliminating racial and ethnic disparities in health has become a focal point in the prevention of unnecessary illness, disability, premature death, and the promotion of quality years of life for all persons. Consequently, accomplishing these goals with the support of the Governor's office will facilitate the following initiatives:

- The community wellness center(s) will focus on providing residents with information, preventive screening, health services and nutrition to protect and improve their health.
- Provide the required healthcare information technologies enabling the establishment of comprehensive health records for the community which support home education and healthcare through an integrated telemedicine program.
- Provide the technological assessment tools required for early intervention and monitoring the progress of residents.
- Identify and implement specific health programs to ensure measurable progress is being attained.
- Assist in identifying and making available healthcare resources from the City, State and Federal Government
- Assist in identifying and securing grant funding supporting targeted interventions that should be made available for reducing identified health disparities.
- Provide all the possible clinical resources necessary in eliminating the disparity in preventative health services and integrating all clinic/wellness centers into our mainstream EMR technologies.

Life expectancy gap is affected by collectively lower access to quality medical care. With no system of universal health care, access to medical care in the U.S. generally is mediated by income level and employment status. As a result, African Americans, who have a disproportionate occurrence of poverty and unemployment as a group, are more often uninsured than non Hispanic whites or Asians.

For a great many African Americans, healthcare delivery is limited, or nonexistent. And when they receive healthcare, they are more likely than others in the general population to receive substandard, even injurious medical care. African Americans have a higher prevalence of some chronic health conditions.

AN INTEGRATED APPROACH TO DEVELOPING A COST EFFECTIVE HEALTHCARE DELIVERY MODEL

The US department of Health & Human Services has acknowledged for years that the disparities in the health status of minorities continue despite the continued advances in healthcare and technology.

African American, Hispanic and Latino minorities continue to have higher rates of disease, disability and infant mortality, cardiovascular disease, diabetes, HIV infection/AIDS, cancer and lower rates of immunizations and cancer screening.

The causes are complex, but two major factors are:

INADEQUATE ACCESS TO CARE

Barriers to care can result from economic, geographic, linguistic, cultural and health care financing issues. Even when minorities have similar levels of access to care, health insurance and education, the quality and intensity of health care they receive are often poor.

SUBSTANDARD QUALITY OF CARE

Lower quality care has many causes, including patient-provider miscommunication, provider discrimination, stereotyping or prejudice. Quality of care is usually rated on the four measures of effectiveness, patient safety, timeliness and patient centeredness.

The primary objective for developing an integrated healthcare delivery model is to bring about required changes in the present condition of the Healthcare Delivery System and eliminate the health disparities in the community by elevating minority health prominently into public view with a coordinated government, private sector, and local community effort to eliminate the racial and ethnic minority health disparities.

In support of New York State's Prevention Agenda toward the Healthiest State **(Attachment - F)**, the goal is to improve the health status of the residents of Jamaica and focus on establishing a cost effective model in the distribution and access to healthcare providing preventative healthcare diagnosis and treatment resulting in a healthier population, designed to reduce health care costs, and create a positive return on the community's investment.

When Mary Immaculate and Saint John's Queens Hospital closed early 2009, a void in essential healthcare services occurred besides the crippling effect of thousands of unemployed healthcare workers straining our economy in Jamaica, Elmhurst and most of central Queens.

The Wall Street Journal article on May 24, 2010 titled- "Queens Crunched by Hospital Closures" **(Attachment - G)** emphasized how critical our healthcare delivery system has become when you account for the fact that we not only had the lowest available hospital beds per 1,000 population, the effective deliverance of quality healthcare has without doubt been compromised.

These hospital's would be ideal locations to bring back into the community required healthcare services that address and alleviate the strain on surrounding hospital's and emergency rooms which are now overwhelmed with patients and convert the facilities to wellness centers.

A systematic plan coordinated under a local charter for reopening these hospitals as clinics/wellness centers would

enable preventative services to more fully support the entire healthcare infrastructure, and we would be able to address the severity in lacking healthcare resources in the community with a cost effective delivery system.

The evidence of the loss of healthcare services within the community is contained in a special report prepared by New York State Department of Health on “Queens Healthcare Profile” **(Attachment - H)** substantiating the lagging healthcare infrastructure in support of the community with a strong recommendation to achieve a balance of inpatient and outpatient resources .

Additionally, It is a known fact that primary care provides crucial services known to reduce health care costs, improve quality of care, and prevent and manage the rising tide of chronic illness that accounts for the majority of health care spending.

Minorities continue to experience lower health status when measured against other groups and the population as a whole, and without careful integration of a comprehensive healthcare initiative in Jamaica addressing these disparities, the health status of our community will continue to suffer. **(Attachment - I, Abstract from New York State Department of Health on Minority Health)**

This report, at minimum, supports the following pro-active measures required in bringing about the necessary healthcare initiatives, services and preventive programs into the community of Jamaica which include:

1. A joint collaborative consortium of local, City and State health officials to facilitate and support the integration of all healthcare ambulatory services which will clearly identify the current disparities in healthcare and access to healthcare needs of the community. Official support of an integrated process provides for the appropriate allocation of resources, services and identification of associated cost savings that an integrated delivery healthcare model within the community can realize.

2. Identify the required process for securing local, State and Federal grants for the establishment of local walk-in clinics and preventative health programs in concert with local hospitals, and for the recruitment and retention of specialty physicians by establishing offices within the community.

3. Secure unused buildings previously providing walk-in clinical services for the required build-out and staffing required to provide necessary medical services for this comprehensive healthcare initiative.

4. Identify and strengthen interoperable working relationships with local care providers and hospital leaders who support and understand our cultural and ethnic needs as it relates to providing excellence in a healthcare delivery model for minority populations.

5. Identify and secure the funding and resources to make available in Jamaica those programs in our community who’s charters promulgate living healthy life styles

6. Establish a community health advocates office to become the liaison between our community and local care providers to insure access to the best and newest health care preventative programs and health care information technology is sustained and scalable for future growth.

7. Establish and support local clinics that practice preventive medicine and advocate Electronic Health Record technologies resulting in a healthier population by identifying grant funds for EHR office based technologies.

8. Establish strategic partnerships with national programs whose main focus is closing the gap in healthcare disparities with a focus on minority health issues such as CAD, HIV, Diabetes, and obesity.

9. Establish the framework for a viable wellness center model for the City and State fully supportive of the collaborative exchange of healthcare information and data ensuring optimum continuity of healthcare with local hospitals and State and Federal agencies in the identification, monitoring and improvement initiatives of noted Federal and State health projects.

10. Insure that the service capabilities and advancements in medicine are kept up-to-date in all wellness centers and meet all regulatory and licensure requirements and supported by local medical schools regarding training and Research and Development for the urban environment.

PRIMARY OBJECTIVES:

Preventing illness in the first place makes much more sense than having to treat people when sick, and the identification and implementation of required services in Jamaica will yield savings in health care and Medicaid budgets besides producing a healthier, more informed population of residents. The positive effects can off-set the alarming statistics on death rates by race as evidenced by the report compiled by the National Center for Health Statistics **(Attachment - J, Age adjusted death rates by Race-from the National Center for Health Statistics)** and supports the following:

- A community focused healthcare initiative aimed at alleviating the problems currently prevalent in Jamaica will focus on risk factors that broad-based prevention programs cannot address such as :
- Chronic diseases
- Infectious Diseases
- Healthy Mothers, Healthy Babies, and Healthy Children
- Access to Quality Health Care
- Some of the specific risk factors include HIV/Aids, Cardiovascular disease, diabetes, hypertension, and pulmonary conditions to name a few.

Addressing these health problems with adequate resources to institute programs for the identification and treatment of these health issues should have a positive effect in alleviating the current burdened emergency rooms servicing the district of Jamaica.

A positive impact on our surrounding emergency departments would occur by instituting a well coordinated integrated system encompassing all clinics in the Borough of Queens and benefit our minority population. When you review the overutilization of the areas emergency departments and look at the national average visit rates per 100 populations by race, the data presents unacceptable statistics. African Americans are not receiving the required preventive healthcare. **(Attachment - K, Emergency Department visits by race per 100 population-Centers for Disease Control and Prevention)**

The community of Jamaica must also support and provide CCHIT certified healthcare technologies through the implementation of a comprehensive technological platform in support of all healthcare activities in the Community.

A Letter to the Vendor Community from Dr. David Blumenthal, the National Coordinator for Health Information Technology on October 18, 2010 **(Attachment - L)** regarding Health IT and Disparities stressed how Racial and ethnic minorities remain disproportionately affected by chronic illness (es), a contributing factor to intolerably high mortality and morbidity rates. Electronic health records possess the ability to help improve both the quality and efficiency of medical care accessible by minorities, so that perhaps rates of chronic illness, mortality and morbidity decrease within these communities.

Understanding the diversity of healthcare technologies and the challenges presented, is well illustrated in a study conducted for Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services by The Center for Quality and Productivity Improvement (CQPI), University of Wisconsin – Madison, Madison, WI, October 2010 **(Attachment - M)**.

This report and summary findings will be useful and instrumental in understanding the complexities in adopting healthcare technologies for the Community of Jamaica, and clearly indicates that the basic tools are presented by stages in the implementation process: (1) considering implementation, (2) selecting a vendor, (3) preparing for installation, and (4) post implementation. While undertaking an Impact Study is significant in itself, this report provides users detailed information on the basic tool(s) that may be useful in understanding the community's needs.

IMPROVING THE HEALTH STATUS OF COMMUNITY RESIDENTS

Improving the health of the residents cannot be realized without addressing health disparities. The use of our CCHIT certified Electronic Health Record and practice Management systems will provide accurate and quality data important through which quality of services can be assessed and compared over time and allow for designing effective targeted interventions.

Disparities cannot be addressed if they are not identified and The Institute of Medicine emphasizes the necessity and importance of better data collection on race and ethnicity by health care organizations in support of electronic health records.

CHRONIC DISEASES

Chronic diseases such as asthma, cancer, diabetes, heart disease and stroke are the leading causes of disability and death in the United States. These diseases account for seven of every ten deaths and affect the quality of life of 90 million Americans. In 2001, over 70% of all deaths that occurred in New York State were due to chronic diseases. In addition to causing major limitations in daily living and leading to high costs of health care, chronic diseases are also among the most preventable. Factors such as reducing or preventing tobacco use, poor diet, and physical inactivity, are known to protect and reduce the incidence of chronic disease.

Chronic disease prevention is rooted in the modification of risk factors (primary prevention), the detection of chronic diseases in their earliest stages (secondary prevention) and the treatment of chronic disease and attention to disease management and self-management by diagnosed individuals in order to prevent debilitating and costly complications (tertiary prevention).

INFECTIOUS DISEASES

There are effective strategies for preventing infectious diseases for HIV/AIDS, influenza, Sexually Transmitted Diseases, Tuberculosis. These include: ensuring procedures and systems are in place in communities for immunizations to be up to date; enabling sanitary practices by conveniently located sinks for washing hands; influencing community resources and cultures to facilitate abstinence and risk reduction practices for sexual behavior and injection drug use, and setting up support systems to ensure medicines are taken as prescribed

ACCESS TO QUALITY HEALTH CARE

Access to quality care is important to eliminate health disparities and increase the quality and years of a healthy life for all New Yorkers. Patients who are women, older, members of racial and ethnic minorities, poorer, less educated, or uninsured are less likely to receive needed care, primarily because they lack access to care.

This priority area addresses two key components of a well functioning health care program that ensures access to quality health care, enrollment in health insurance and access to and delivery of preventive health services and primary care that are shown to improve overall health.

Understanding the serious state of financial affairs affecting the establishment and reorganization of a healthy healthcare delivery model for Jamaica, attention to detail in the deliverance of required services is critical. The corresponding recommendations should not only result in a healthier population, but also produce significant savings to the City and State at large. Understanding the financial strains on the current system as evidenced by the attached report by the New York State Health Foundation on the "Deteriorating Financial Status of Health Centers", **(Attachment - N)**, our integrated healthcare initiative should assist in the formulation of community model health system that can quantify the associated cost savings, along with the positive impact on the community residents.

As previously indicated, two hospitals closed early 2009 creating a void in essential healthcare services directly affecting racial and ethnic minorities and low-income populations who are already experiencing serious disparities in rates of insurance and access to health care. In the attached report by the American Hospital Association on "The State of American Hospital" May 24, 2010(Attachment O), hospitals nationwide are experiencing over-utilization and overcapacity in their emergency rooms and having significant difficulty in maintaining physician coverage in the emergency department.

Community resources must also be realigned to address the following prevalent information which can be substantiated in detail with appropriations of funds to address the healthcare issues affecting African Americans such as:

- African Americans and HIV[1] African Americans are the American ethnic group most affected by **HIV** and **AIDS**, according to the **Centers for Disease Control and Prevention**.
- A 2004 "CDC analysis of MSM in five cities found that while only 18 percent of the HIV-infected white men were unaware of their infections, 67 percent of the infected black men were unaware.
- It has been estimated that "184,991 adult and adolescent HIV infections [were] diagnosed during 2001–2005" (1). More than 51 percent occurred among blacks than any other race. Between the ages of 25–44 years 62 percent were African Americans
- The African American community is greatly impacted by HIV infection. While many people may think HIV/AIDS is no longer a problem, the numbers tell a different story. In fact, African Americans account for only 13% of the U.S. population, but they account for about half (49%) of all people living with HIV/AIDS in 2005. For African Americans, HIV/AIDS is a leading cause of death.
- Rates of HIV transmission and disease among African Americans are high, disproportionate, and are not declining as significantly in response to effective interventions as they are among whites. Attention is urgently needed to increase our understanding of risk behaviors, social networks, and specific factors in the African American community that can be altered to reduce HIV infection. Macro environmental factors--poverty, social class, racism--need to be studied to suggest possible intervention components to reduce rates of HIV transmission and to increase the use of therapies that are more effectively slowing disease progression and lowering death rates among whites.
- Life expectancy gap is affected by collectively lower access to quality **medical care**. With no system of **universal health care**, access to medical care in the U.S. generally is mediated by income level and employment status. As a result, African Americans, who have a disproportionate occurrence of poverty and unemployment as a group, are more often uninsured than non Hispanic whites or Asians.
- For a great many African Americans, healthcare delivery is limited, or nonexistent. And when they receive healthcare, they are more likely than others in the general population to receive substandard, even injurious medical care. African Americans have a higher prevalence of some chronic health conditions.