

PROACTIVELY ADDRESSING POPULATION HEALTH WHILE IMPROVING ACCESS TO CARE

THE GOLISANO CENTER FOR COMMUNITY HEALTH

PROJECT DATA

Location

Niagara Falls, NY

Completion Date

Spring 2016

Building Type

Ambulatory

Services Provided

Architecture, Interior Design, MEP Engineering, Programming & Planning, Structural Engineering

Square Footage

26,000 sf

Number of Floors

2

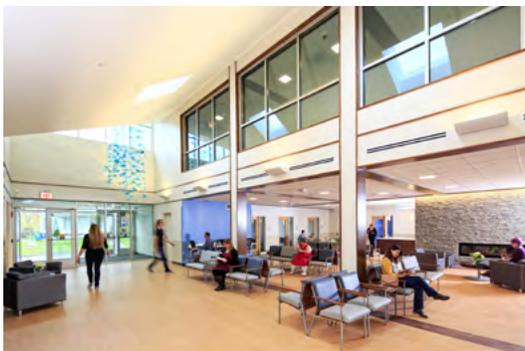
Challenges

Considered a safety net hospital, Niagara Falls Memorial Medical Center (NFMCC) is located in a stressed community,¹ with many patients facing behavioral health issues and lacking proper management of chronic, treatable conditions. The Community Needs Assessment prepared by the Millennium Care Collaborative (MCC) showed in 2012 Western New York (WNY) recorded 140,213 Medicaid Preventable Emergency (PPV) visits.² NFMCC's estimated share of those PPV Emergency Department (ED) visits was 6.28% or 8,805 PPV ED visits.³ Facing the need to reduce avoidable hospital admissions and emergency department visits by 25 percent to align with the state's healthcare reform goals, NFMCC was seeking a solution that proactively addressed the social determinants of health while improving access to care.

Methodology

Provide strategy and guidance for the design solutions informed by:

- Innovative population health strategies that address social determinants to improve the health of the population, reduce cost of care, and prevent avoidable ED admissions
- Community health research combined with a shift in healthcare towards community-oriented health resources
- New York State DSRIP goal to achieve a 25 percent reduction in avoidable hospital and avoidable emergency department use over five years⁴





Solutions

Studies suggest that higher utilization of the ED results from unmet health needs and lack of access to appropriate settings.⁵ In an effort to improve community health, NFMCC was seeking a solution that proactively addressed the social determinants of health while improving access to care. The Golisano Center for Community Health offers integrated care to adults and children, including developmentally and intellectually disabled and other at-risk individuals, aimed at preventing the local population from “slipping through the cracks” of the healthcare system.

The design strategies and operational solutions aim to improve the health and wellness of the community through preventative care and social support. These include:

- The integration of primary care, behavioral healthcare, care coordination and social services into a single facility directly linked to the ED
- Universal Design features to ensure people of all capabilities can access care
- ED Care Triage program utilizing care coordinators located within the ED lobby to divert non-emergent patients to primary care
- Integration of behavioral health and primary care services
- Care Coordination and Social Assistance program linked to ED through local community centers to address root issues that may be non-medical
- Extended hours primary care

Guiding Principles

Reducing ED Utilization for Non-Life Threatening Situations

The adjacent location of the Golisano Center for Community Health provides a direct, physical link to the hospital. A corridor connects the center back to Niagara Falls Memorial Medical Center's Emergency Department, allowing non-emergent patients that present at the emergency department access to primary care. Using a prescribed set of protocols, care coordinators positioned within the ED lobby assist in diverting patients with non-emergent conditions to the primary care clinic. Signage designed to support awareness of the Community Health Center is utilized during times that the information desk is unmanned.

Welcoming and Inclusive Community Center

The non-institutional aesthetic of the lobby was intentionally designed at a residential scale to be inviting and welcoming to the public. The lobby spills into the spacious, multi-function waiting area which includes lounge seating, a café and computer workstations. Computer workstations allow the public to apply for services online. The center incorporates Universal Design principles, including 7' corridors, seamless flooring transitions, and non-glare surfaces and lighting, providing a barrier-free, inclusive environment.

Promoting Community Health Through Convenience and Collaboration

Per the Department of Health & Human Services Centers for Medicare & Medicaid Services, "efforts to reduce ED use should focus not on merely reducing the number of ED visits, but also on promoting continuous coverage for eligible individuals and improving access to appropriate care settings to better address the health needs of the population."⁶ That said, the Golisano Center for Community Health includes the following components, which often work together collaboratively, to promote holistic health and inclusion:

- **Integrated Primary Care and Behavioral Health**

Based on experience with other integrated primary care and behavioral health care clinics operated by NFMCC, approximately 38% of primary care patients are also in need of behavioral health services. Currently operating extended hours Monday through Friday from 5:00 pm to 9:00 pm, the integrated clinic provides convenience for those who do not have a primary care provider or who cannot get to their primary care physician during the day. In addition to operating extended hours, the integrated Primary Care and Behavioral Health clinic welcomes walk-ins. If a patient already has a primary care doctor and visits the center, staff will notify that doctor about the patient's visit, supporting continuity in care.

- **Health Home Care Management and Care Coordination Services**

The Health Home program of Niagara County is housed within the first floor of the center to provide coordinated care management for adults and children. The adjacency between the Primary Care/Behavioral Health Clinic and the Health Home suite allows care providers to connect community members and patients to much needed care management and community services.

- **Headquarters for Rivershore, Inc.**

Located on the first floor in a leased suite, Rivershore, Inc., a non-profit human services agency, provides social support for individuals with intellectual and developmental disabilities. The adjacency to both the Primary Care/Behavioral Health Clinic and the Health Home Suite connects individuals with intellectual and developmental disabilities to primary care and other social support services, enabling independent, productive and happy lives.

- **Child Advocacy Center of Niagara**

Located on the second floor, the Child Advocacy Center Suite includes space for multiple community agencies to work together for children's needs, including Child Protective Services, the police department, and care providers. The space is welcoming, comforting and secure, and includes family counseling areas along with areas for play therapy.

- **Community Services Suite**

The Community Services Suite on the second floor includes consultation rooms, offices and multiple workstations for the Navigation Program, Community Outreach, the Community Workers Program, Cancer Services and Project Runway. The combination of these community services together in one space supports an alliance between complimentary departments. Meeting tables throughout the suite enable impromptu meetings and collaboration amongst the departments, supporting multidisciplinary, coordinated care.

- **Learning Hub**

Located on the second floor, the Learning Hub consists of a multi-purpose classroom and several workstations to allow for educational programs for patients and onsite training for future care providers. Educational programs will focus on care management and specialized care and assistance for those with behavioral issues and developmental disabilities.

Outcomes

A recent study involving a random survey of 100 health home clients by the NFMCC Health Home showed nearly a 50% reduction in emergency department visits by the health home clients during the 12 months following their enrollment in the Health Home program. The extended hours primary care clinic has been operating at 100% utilization and patient volume has only been limited at this time to the number of providers available to see patients. With the clinic currently staffed by one provider, 12 patients a day are seen during the extended hours. This current volume is on target with 3,120 annual visits. Future plans include adding additional providers and possibly weekend hours. Existing NFMCC primary care patients are utilizing the extended hours clinic for after-hours urgent visits. This convenience has significantly increased patient satisfaction.

Initial data indicates offering the extended hours primary care clinic linked to the ED has not positively or negatively affected the ED's Left Without Being Seen (LWOBS) rate.



References

1. According to The Robert Wood Johnson Foundation's County Health Rankings & Roadmaps, Niagara County consistently receives one of the lowest overall health rankings of any county in New York State based on health outcomes, health factors, clinical care, social and economic factors and physical environment. For more information see: <http://www.countyhealthrankings.org/app/new-york/2016/rankings/niagara/county/outcomes/overall/snapshot>
2. The DSRIP program will promote community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. Safety net providers will be required to collaborate to implement innovative projects focusing on system transformation, clinical improvement and population health improvement. For more information see: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/overview.htm
3. Millenium Collaborative Care. (2014). Western New York Community Health Needs Assessment. Retrieved from: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_applications/docs/erie_county/3.8_millenium_collaborative_care_pps_cna.pdf
4. CMS. 2012 Cost Reports for WNY Hospitals. Retrieved from: <https://www.cms.gov/research-statistics-data-and-systems/downloadable-public-use-files/cost-reports/>
5. Centers for Medicare & Medicaid Services. (2014) Reducing Nonurgent Use of Emergency Departments and Improving Appropriate Care in Appropriate Settings. Retrieved from: <https://www.medicare.gov/federal-policy-guidance/downloads/cib-01-16-14.pdf>
6. Centers for Medicare & Medicaid Services. (2014) Reducing Nonurgent Use of Emergency Departments and Improving Appropriate Care in Appropriate Settings. Retrieved from: <https://www.medicare.gov/federal-policy-guidance/downloads/cib-01-16-14.pdf>

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Contact Information

For more information please contact Elisabeth Perreault at eperreault@cannondesign.com.