

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

SECTION A: SUMMARY

1. Title of project	NYU Langone Health Westchester ASC
2. Name of Applicant	NYU Langone Health
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>Deb Zahn Consulting, LLC Lead Contact: Deborah Zahn, deb@debzahn.com, 347-834-5083 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</p>
4. Description of the Independent Entity's qualifications	The Independent Entity a/ L

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

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

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

Medical-surgical beds/people served/residents

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

9. Project's impact on staffing: Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result

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5. Architectural barriers for people with mobility impairments: Describe the extent to

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

Finally, Dr. Amler expressed concern about access to the facility for low-income individuals and people without insurance. She perceives that the county's Federally Qualified Health Center (FQHCs) are overwhelmed, and thus the low-income individuals

The Applicant verified that patients at the new location will not have to travel to Manhattan to get any pre- or post-op and imaging done. Any X-

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

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

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

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

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

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

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

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

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

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

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

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

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

“For patients that work and can’t take off work, the hours can be problematic if there are no evening hours or Saturdays here.”

Although we did not talk with any Medicaid, uninsured, or underinsured patients and the payor mix is expected to remain the same, these medically underserved groups *may* be impacted. An FQHC primary care provider mentioned that her patients' insurance status is a barrier for accessing orthopedic surgery.

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

Communicate existing imaging, testing, and rehabilitation services at the location

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

STEP 5 – DISSEMINATION

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

OPTIONAL: ADDITIONAL COMMENTS FROM THE INDEPENDENT ENTITY

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

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

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

Acknowledgment by the Applicant that the Health Equity

