

# Western New York Community Health Planning Institute (WNYCHPI)

A Community Health Planning and Reporting  
Capability Formally Being Established Within  
the P<sup>2</sup> Collaborative of WNY.

(Start-up funded by NYS DOH Heal 9 Grant)

# Capability Building - What Are We Doing

## \*Data Resources

- Accessing publically available data sets
- Inventorying availability of public data sets for reference by the community via the web
- Exploring use of health plan claim based data sets beyond physician quality reporting to support health improvement opportunities

## \*Data Analytical Resources

- Assessing alternative options to contract for biostatitician, epidemiologist or other analytical resources

## \*Data Mapping

- Assessing industry tools and capabilities

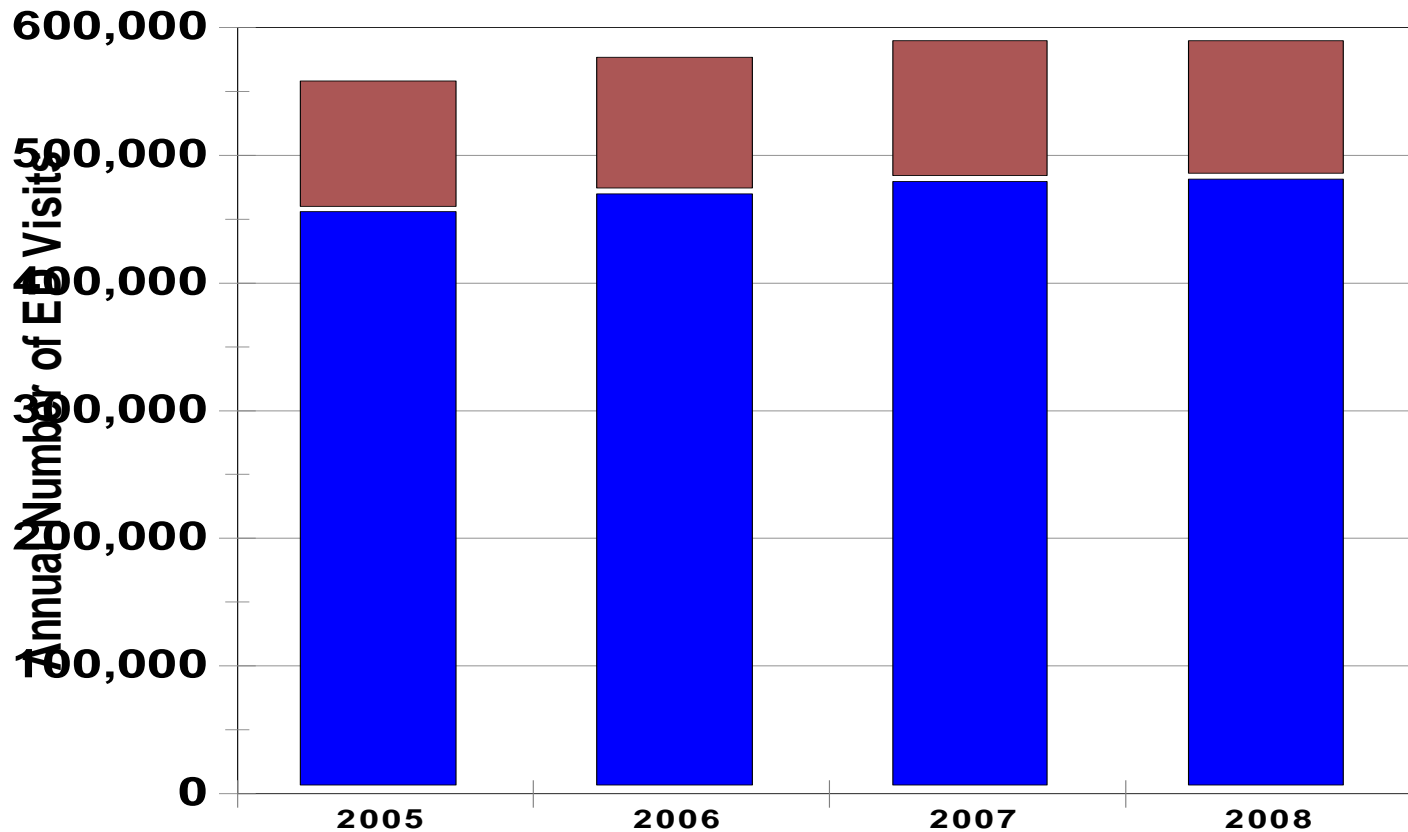
# Current Project - Appropriate Emergency Room Utilization

## Purpose:

Understand and address appropriate use of emergency departments by community and related requirements to support the primary care medical home care coordination model

# ED Use Trends

## ED Visits, WNY, 2006-2008



"T&A" = Treat and Admit  
 "T&R" = Treat and Release

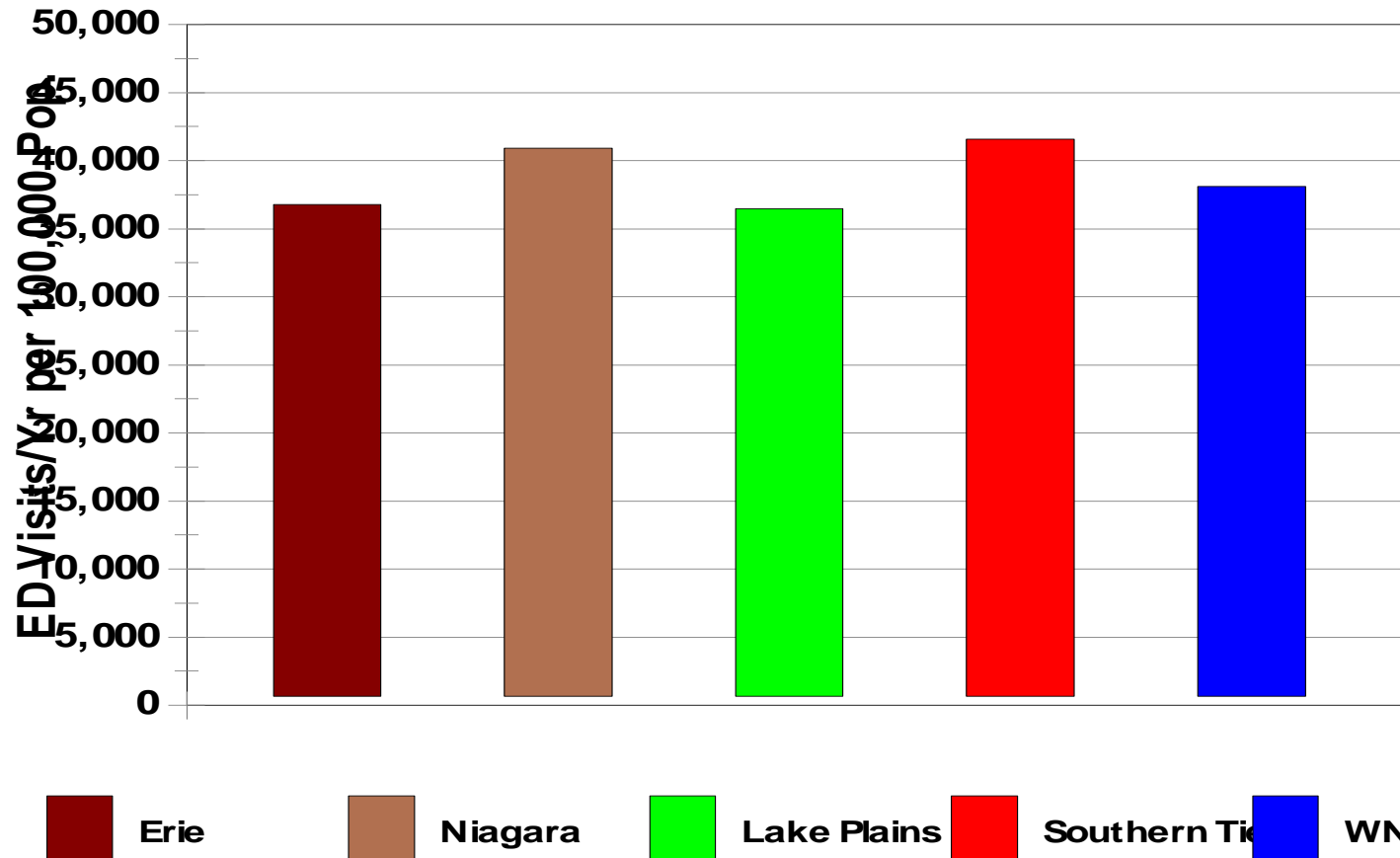
■ T&R ■ T&A

Data Source: NYSDOH SPARCS

Slide prepared by Finger Lakes Health Systems Agency

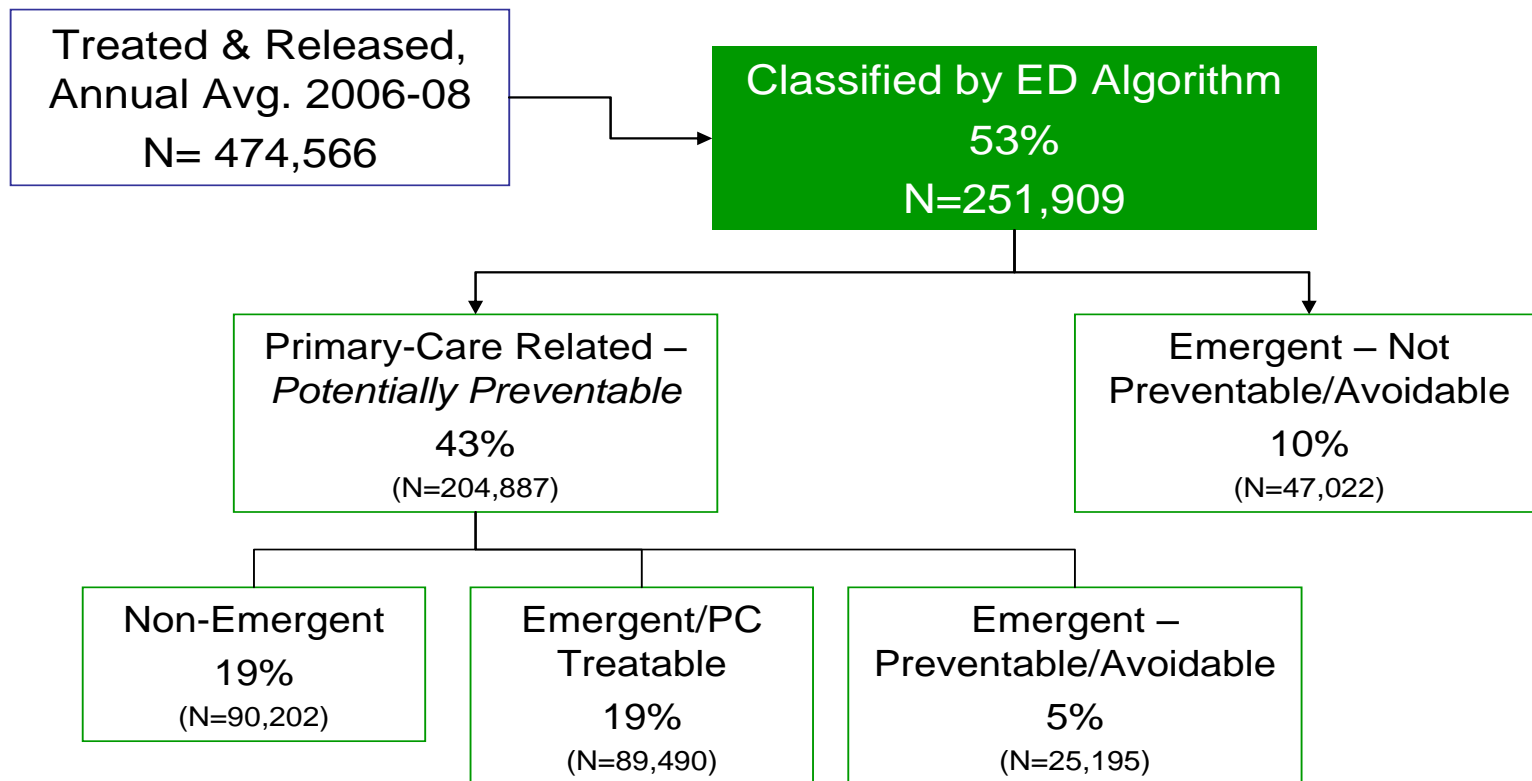
# ED Use Rate By Sub-Region

## All ED Visits, WNY, 2006-2008



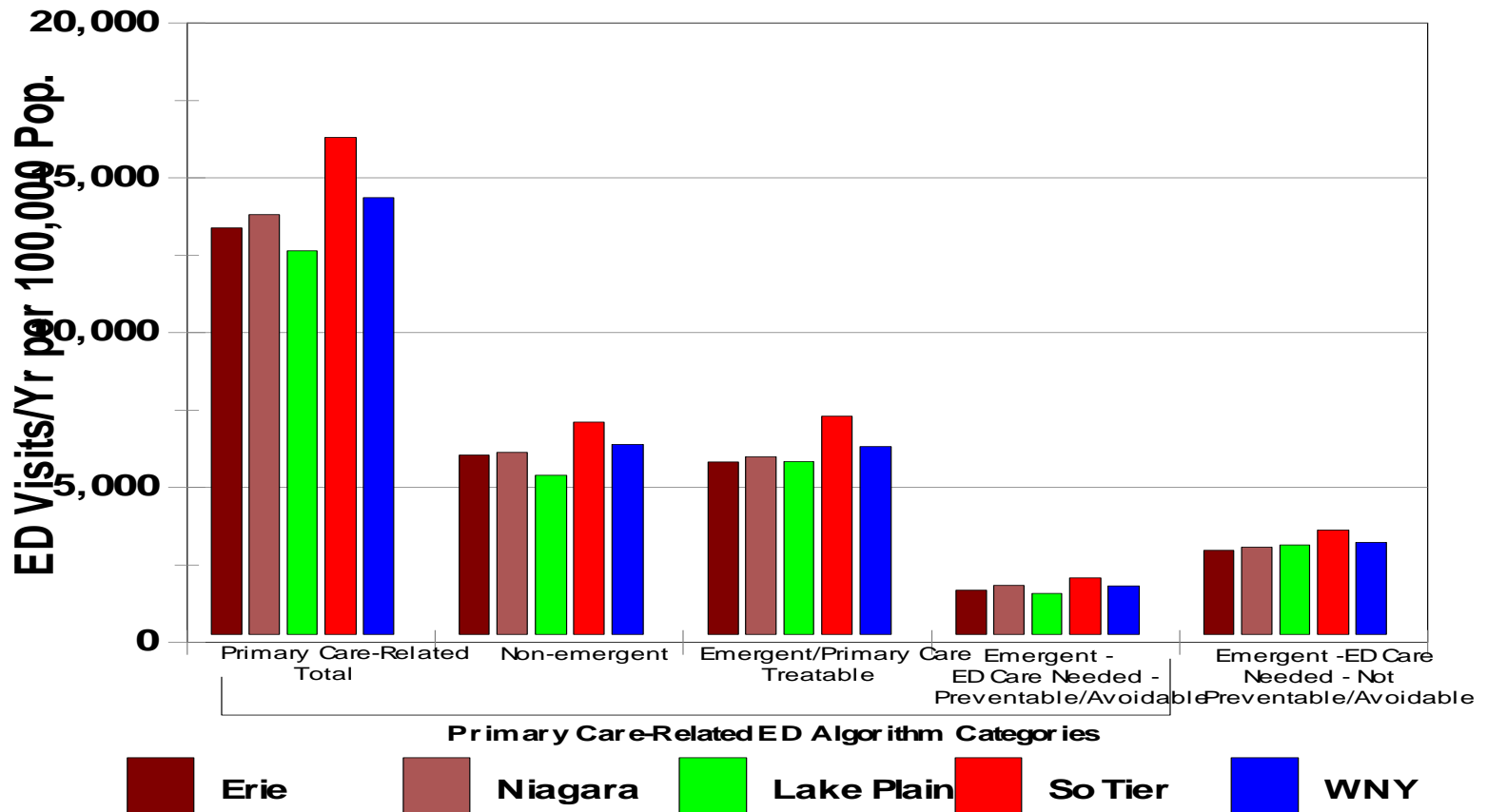
Data Source: NYSDOH SPARCS; Rates are age- and sex-adjusted to 2000 U.S. population  
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## Percent of T&R Visits that are Primary Care-Related



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# Classified ED Use Rates By Type of ED Visit, WNY, 2006-20

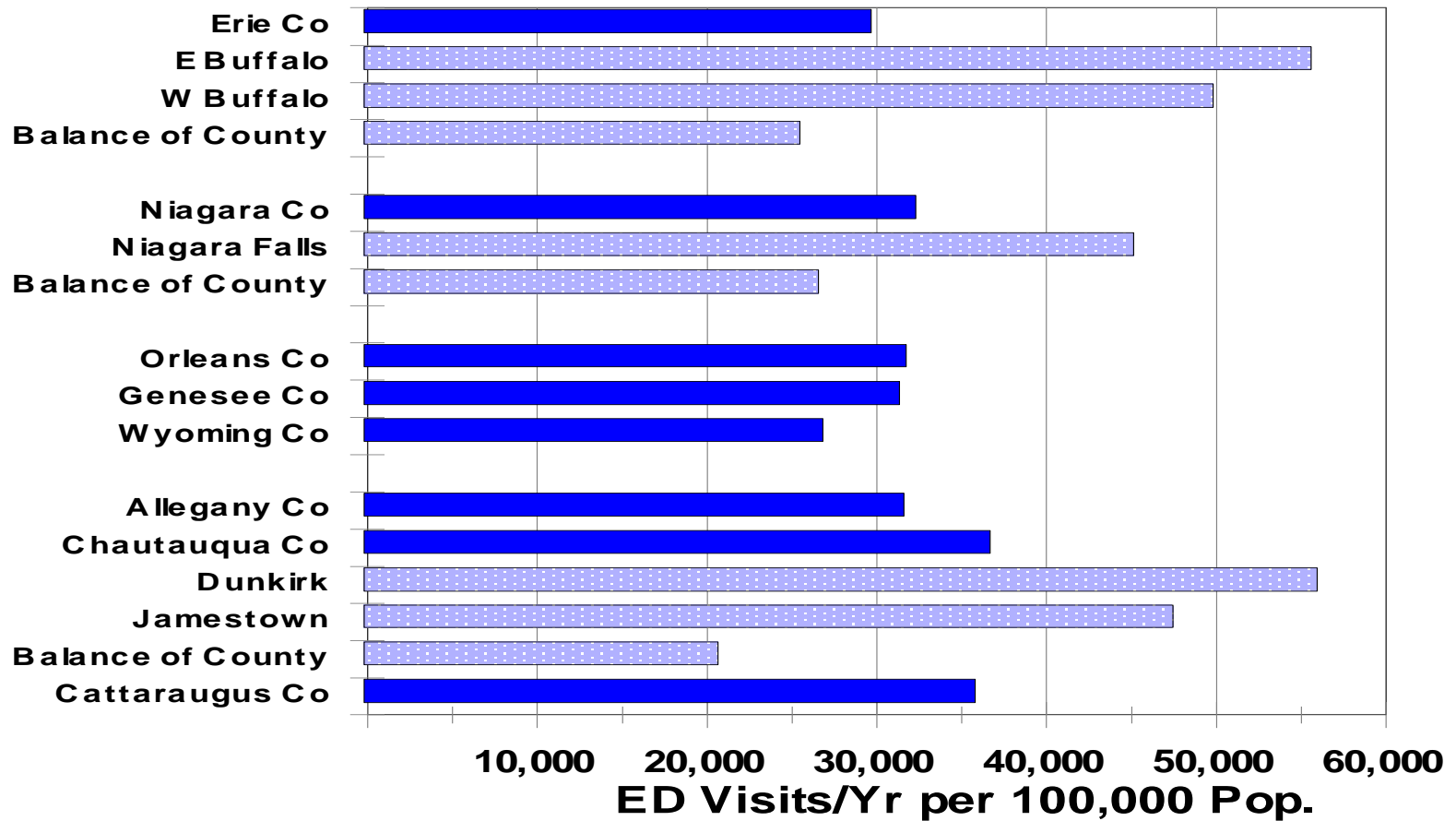


Data Source: NYSDOH SPARCS ; Rates are age- and sex-adjusted to 2000 U.S. population

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# ED Use Rate By County and City

## Treat & Release Only, WNY, 2006



Data Source: NYSDOH SPARCS ; Rates are age- and sex-adjusted to 2000 U.S. population

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# Current Project – Appropriate Emergency Room Utilization

## Approach:

- Identify natural regional groupings by county or within county, their leader/convener and community stakeholders
- Share data to understand opportunities for intervention to improve quality, experience and cost for a defined sub-population
- Develop and confirm baseline metrics to monitor trends within the Initiative for Healthcare Improvement (IHI). Triple aim framework (Quality, Experience, Cost)
- Recognize community efforts and facilitate both shared learning and website communication
- Serve as a resource to mobilize and support community health improvement initiatives

# Appropriate Emergency Room Utilization

## Regional Initiatives in Progress or Starting

### **Niagara County:**

Niagara Falls: Sheila Kee at NFMCC with a focus on behavioral health and readmission

North Tonawanda: Working with Phyllis Gentner at DeGraff defining focus

### **Erie County:**

- Connecting with Near East and West Side Task Force and Health Committee
- Initiating analyses around access services for behavioral and oral health.
- Investigating mapping resources for hospitals and PCP sites
- Refining natural geographic neighborhood groupings
- Understanding and acknowledging other community initiatives

# Appropriate Emergency Room Utilization continued.....

## **Lake Plains:**

Seeking to understand current utilization trends and opportunities for improvement. No defined projects at this time.

## **Southern Tier:**

Chautauqua: Recognizing Heal 9 efforts lead by Ann Abdella focused on Primary Care Vision Statement and Long term Care database development. Future efforts revolve around stabilizing care in the community by applying for a FQHC.

Allegany: Recognizing Heal 9 efforts lead by Carrie Whitwood utilizing focus groups and hosting a Health Care Forum.