

# New York

New York scored among the best states in the nation for its *Disaster Preparedness* efforts but among the worst for its *Medical Liability Environment*. *Access to Emergency Care* suffers from some disconcerting factors including low numbers of emergency departments, primary care providers, and mental health professionals.

**Strengths.** New York has in place multiple systems to promote the *Quality and Patient Safety Environment*, including required adverse event reporting and reporting of hospital-based infections, as well as a statewide trauma registry. New York also ranked fourth for its high rate of emergency medicine residents (38.1 per 1 million people).

New York received a high score in *Disaster Preparedness* due to a wide array of planning activities and capacity. In addition to an all-hazards medical response plan that is shared with EMS and essential hospital personnel, the state has a written plan for special needs patients. The state requires disaster management training for EMS and essential hospital personnel and provides additional liability protections to health care workers during a disaster. There is a real-time or near real-time syndromic surveillance system, as well as a real-time surveillance system for common emergency department presentations. New York ranks 2<sup>nd</sup> and 14<sup>th</sup>, respectively, for the per capita rates of physicians and nurses enrolled in the state-based Emergency System for Advance Registration of Volunteer Health Professionals program.

Regarding *Public Health and Injury Prevention*, New York ranked among the top eight states for its low rates of traffic fatalities, homicides and suicides, fatal occupational injuries, and unintentional firearm-related fatal injuries. The infant mortality rate is 5.8 deaths per 1,000 live births compared

with 6.9 per 1,000 nationally. The state also has below average rates of obese adults (22.9 percent) and adult smokers (18.2 percent).

**Challenges.** New York's poor showing regarding *Access to Emergency Care* reflects a myriad of problems. While New York has average rates of medical specialists overall, the state ranks 46<sup>th</sup> and 49<sup>th</sup> for access to primary care and mental health providers, respectively. The state has the third lowest rate of emergency departments (7.1 per 1 million people) and the second highest daily hospital occupancy rate (80.6 per 100 staffed beds). New York also ranks 46<sup>th</sup> for the low rate of pediatric specialty centers (2.2 per 1 million people). Finally, Medicaid fee levels for office visits are only 59.3 percent of the national average.

The *Medical Liability Environment* in New York is among the worst in the nation. The state's average malpractice award payment is significantly higher than the average across the states (\$356,003 versus \$285,218, respectively), while average medical liability insurance premiums for specialists are 46 percent higher than the average across the states (\$95,567 versus \$65,489, respectively). New York has failed to enact reforms such as pretrial screening panels, a medical liability cap on non-economic damages, and expert witness rules that require the witness to be of the same specialty as the defendant, among others.

**Recommendations.** As reflected in the state's grade for the *Medical Liability Environment*, New York policymakers must work to institute comprehensive medical liability reform. The already high and escalating insurance premiums for primary care physicians and specialists must be addressed to help attract and retain physicians. The state should consider enacting

## New York policymakers must work to institute comprehensive medical liability reform.




	RANK	GRADE
ACCESS TO EMERGENCY CARE	36	D-
QUALITY & PATIENT SAFETY ENVIRONMENT	12	A-
MEDICAL LIABILITY ENVIRONMENT	43	F
PUBLIC HEALTH & INJURY PREVENTION	18	B-
DISASTER PREPAREDNESS	6	A-
OVERALL	21	C

special liability protections for EMTALA-mandated emergency care to help encourage more specialists to provide needed on-call services for emergency patients. A shortage of on-call specialists has been reported by emergency physicians in the state as a significant problem.

Emergency physicians also report serious problems with hospital crowding and boarding of patients in emergency departments. As first steps toward addressing these problems, the state could work toward increasing the number of staffed and available inpatient and psychiatric care beds. The state might also institute a mechanism to track the time spent in the emergency department for admitted and discharged patients to identify areas for improvement.

Finally, the state must address the dearth of primary care and mental health providers and reduce barriers for accessing those services.


**ACCESS TO EMERGENCY CARE** **D-**

Board-certified emergency physicians per 100,000 pop.	 <b>8.1</b>
Emergency physicians per 100,000 pop.	<b>12.8</b>
Neurosurgeons per 100,000 pop.	<b>2.0</b>
Orthopedists and hand surgeon specialists per 100,000 pop.	<b>10.3</b>
Plastic surgeons per 100,000 pop.	<b>3.1</b>
ENT specialists per 100,000 pop.	<b>4.0</b>
Registered nurses per 100,000 pop.	 <b>866.0</b>
Additional primary care FTEs needed	<b>272.1</b>
Additional mental health FTEs needed	<b>91.5</b>
Level I or II trauma centers per 1M pop.	<b>2.1</b>
% of population within 60 minutes of Level I or II trauma center	<b>96.8</b>
Accredited chest pain centers per 1M pop.	<b>0.3</b>
% of population with an unmet need for substance abuse treatment	<b>7.6</b>
Pediatric specialty centers per 1M pop.	<b>2.2</b>
Physicians accepting Medicare per 100 beneficiaries	<b>3.4</b>
Medicaid fee levels for office visits as a % of the national average	<b>59.3</b>
% change in Medicaid fees for office visits (2004-05 to 2007)	<b>0.0</b>
% of adults with no health insurance	<b>15.7</b>
% of children with no health insurance	<b>8.4</b>
% of adults with Medicaid	<b>14.5</b>
Emergency departments per 1M pop.	 <b>7.1</b>
Hospital closures in 2006	<b>2</b>
Staffed inpatient beds per 100,000 pop.	<b>398.6</b>
Hospital occupancy rate per 100 staffed beds	<b>80.6</b>
Psychiatric care beds per 100,000 pop.	<b>30.5</b>
State collects data on diversion	<b>No</b>




**MEDICAL LIABILITY ENVIRONMENT** **F**

Lawyers per 10,000 pop.	<b>34.7</b>
Lawyers per physician	<b>0.9</b>
Lawyers per emergency physician	<b>27.2</b>
ATRA judicial hellholes (range 0 to -7)	<b>0</b>
Malpractice award payments/100,000 pop.	<b>0.5</b>
Average malpractice award payments	<b>\$356,003</b>
Databank reports per 1,000 physicians	<b>29.9</b>
Patient compensation fund	<b>No</b>
Health court pilot project grant	<b>Yes</b>
Number of insurers writing medical liability policies per 1,000 physicians	<b>1.0</b>
Average medical liability insurance premium for primary care physicians	<b>\$20,482</b>
Average medical liability insurance premiums for specialists	<b>\$95,567</b>
Pretrial screening panels	<b>No</b>
Are pretrial screening panels' findings admissible as evidence?	<b>N/A</b>
Periodic payments	<b>Required by state</b>
Medical liability cap on non-economic damages	<b>No</b>
Additional liability protection for EMTALA-mandated emergency care	<b>No</b>
Joint and several liability abolished	<b>Partially</b>
State provides for case certification	<b>Yes</b>
Expert witness required to be of the same specialty as the defendant	<b>No</b>
Expert witness must be licensed to practice medicine in the state	<b>No</b>

**QUALITY & PATIENT SAFETY ENVIRONMENT** **A-**


Funding for quality improvement within the EMS system	<b>Yes</b>
Funded state EMS medical director	<b>No</b>
Emergency medicine residents per 1M pop.	 <b>38.1</b>
Adverse event reporting required	<b>Yes</b>
Hospital-based infections reporting required	<b>Yes</b>
Mandatory quality reporting requirement	<b>Yes</b>
% of counties with E-911 capability	<b>98.4</b>
Uniform system for providing pre-arrival instructions	<b>No</b>
State has or is working on a stroke system of care	<b>Yes</b>
State has or is working on a PCI network or a STEMI system of care	<b>Yes</b>
Statewide trauma registry	<b>Yes</b>
% of hospitals with computerized practitioner order entry	<b>36.4</b>
% of hospitals with electronic medical records	<b>53.0</b>
% of patients with acute myocardial infarction given PCI within 90 minutes of arrival	<b>57</b>
Number of Joint Commission reviewed sentinel events per 1M pop. (1995-2006)	<b>13</b>


**PUBLIC HEALTH & INJURY PREVENTION** **B-**


Traffic fatalities per 100,000 pop.	<b>7.5</b>
% of traffic fatalities alcohol related	 <b>38.0</b>
Front occupant restraint use (%)	<b>83.5</b>
Helmet use required for all motorcycle riders	<b>Yes</b>
Child safety seat/seat belt legislation (10 points possible)	<b>6</b>
% of children immunized, aged 19-35 months	 <b>82.4</b>
% of adults aged 65+ who received flu vaccine in the last 12 months	<b>64.7</b>
% of adults aged 65+ who ever received pneumococcal vaccine	 <b>61.0</b>
Fatal occupational injuries per 1M workers	<b>26.6</b>
Homicides and suicides (non-motor vehicle) per 100,000 pop.	<b>10.8</b>
Unintentional fall-related fatal injuries per 100,000 pop.	<b>5.5</b>
Unintentional fire/burn-related fatal injuries per 100,000 pop.	<b>1.1</b>
Unintentional firearm-related fatal injuries per 100,000 pop.	<b>0.1</b>
Gun-purchasing legislation (8 points possible)	<b>3</b>
% of tobacco settlement funds spent on health-related services and programs	<b>0.0</b>
Total injury prevention funds per 1,000 pop.	<b>\$42.28</b>
Unintentional injury prevention funds per 1,000 pop.	<b>\$41.77</b>
Intentional injury prevention funds per 1,000 pop.	<b>\$0.52</b>
Fall injury prevention funds per 1,000 pop.	<b>\$0.00</b>
Infant mortality rate per 1,000 live births	<b>5.8</b>
% of adults with BMI > 30	<b>22.9</b>
Current smokers, % of adults	<b>18.2</b>
Binge alcohol drinkers, % of adults	<b>15.8</b>

**DISASTER PREPAREDNESS** **A-**

Per capita federal disaster preparedness funds	<b>\$14.74</b>
Disaster preparedness funds used specifically for health care-related preparedness are tracked	<b>Yes</b>
All-hazards medical response plan or ESF-8 plan?	<b>Yes</b>
Plan shared with all EMS and essential hospital personnel?	<b>Yes</b>
Public health and emergency physician input into the state planning process	<b>Yes, Yes</b>
Public health and emergency physician input into the daily operations of the SEOC	<b>Yes, Yes</b>
Written plan for the coordination of the SEOC or local EMAs to provide security to hospitals in case of emergency events	<b>Yes</b>
Number of drills and exercises conducted involving hospital personnel, equipment, or facilities	<b>411</b>
Accredited by the Emergency Management Accreditation Program	<b>Yes</b>
Written plan specifically for special needs patients	<b>Yes</b>
Written plan to supply medications for chronic conditions	<b>No</b>
Written plan to supply dialysis for patients	<b>No</b>
Real-time notification system in place to notify identified health care providers of an event	<b>Yes</b>
"Just-in-time" training systems in place	<b>Statewide</b>
Statewide medical communication system with one layer of redundancy	<b>Yes</b>
Statewide patient tracking system	<b>Yes</b>
Statewide victim tracking system	<b>No</b>
Statewide real-time or near real-time syndromic surveillance system	<b>Yes</b>
Real-time surveillance system in place for common ED presentations	<b>Yes</b>
Bed surge capacity per 1M pop.	<b>296.8</b>
Burn unit beds per 1M pop.	<b>7.2</b>
ICU beds per 1M pop.	<b>190.6</b>
Verified burn centers per 1M pop.	<b>0.2</b>
State able to verify credentials and assign volunteer health professionals to four ESAR-VHP levels	<b>Yes</b>
Nurses registered in ESAR-VHP per 1M pop.	<b>122.6</b>
Physicians registered in ESAR-VHP per 1M pop.	<b>429.4</b>
Training required in disaster management and response to bio- and chem terrorism for essential hospital personnel, EMS personnel	<b>Yes, Yes</b>
State or regional strike teams or medical assistance teams	<b>No</b>
Additional liability protections for health care workers during a disaster	<b>Yes, civil</b>
% of RNs that received any emergency training	<b>43.6</b>
State requires EMS and essential ED personnel to be NIMS compliant	<b>Yes</b>

 Improved since 2006

 Worsened since 2006

 No change since 2006

**NR** Not reported

**N/A** Not applicable

See *Summary Statistics for State Comparisons*