A year ago when MHVC joined the international movement asking "What Matters to You?" (WMTY) we were hopeful that our partners would agree that WMTY was consistent with our patient-centered approach to DSRIP. As we approach WMTY Day this year -- June 6, 2018 -- we now know the answer is a resounding "yes." MHVC partners have not just embraced WMTY but expanded it: Creating new tools and techniques, sharing results with others, and documenting the benefits. WMTY is now becoming an integral part of the way MHVC partners think, work, plan, and interact with others. In fact, just a year after our launch, “MHVC is the WMTY leader in the United States,” according to Maureen Bisognano, President Emerita and Senior Fellow at the Institute for Healthcare Improvement (IHI), which introduced WMTY as a movement in 2012. (Read about how WMTY began here.)

This issue will introduce WMTY Day to those of you who don't know it; share what our international peers are doing and some of their results; and describe our own MHVC activities for WMTY Day. In addition, to celebrate the one-year anniversary of our WMTY initiative, we are announcing the launch of our WMTY Online Toolkit on the MHVC web site. Bookmark the toolkit page, visit often, and send us your suggestions -- and what has worked for you! - - to MontefioreHVC@montefiore.org. The WMTY page will now be a dynamic, "one-stop" resource for our partners for all things WMTY. It is a two-way portal: We will post WMTY links that we think are useful, but most importantly we want to hear from you. Our partners have told us that learning how others implement WMTY is key, so we are reaching out to you for your stories and responses through our new WMTY Survey.

In addition to the great work of WMTY, this month's newsletter is also highlighting exciting
structural and operational developments around the network. You'll learn more about new tools for organizational change management and exciting opportunities for training in new alcohol and substance use interventions. At the same time there's more information on innovative and creative work being done by partners to improve their organizations and the health of the people we serve.

MHVC Out Front | Leading initiatives and collaborations in the region

WMTY Around MHVC: June 6th Launches “WMTY for Everyone”
New emphasis on training, resources, and measurement

Throughout MHVC, WMTY is for everyone, not just for patients. Over the past year, MHVC partners have asked “What Matters to You?” and received answers that have helped improve the workplace, administration, human resources, policies, and staff retention. “Asking WMTY feels different,” said Dr. Damara Gutnick, MHVC Medical Director. “It elicits a deeper, more honest, and direct response. It is also a gratifying experience for the listener, so that both parties can help effect change together. It can help everyone, and every DSRIP program, in some way.”

MHVC has a robust variety of events planned for WMTY Day, June 6th. The day begins with a webinar that provides participants an overview of WMTY and reviews the tools and processes used to guide health care staff on how to ask the question “What matters to you?” This is followed by instructor-led training in Goshen, NY, in collaboration with the Orange County Department of Mental Health and The Joint Membership of Health and Community Agencies. The training will:

- Demonstrate how applying WMTY can help guide patient-centered care planning.
- Explore how and why adapting WMTY into practice brings “joy” into the workplace.
- Explore opportunities to incorporate asking WMTY into your daily work
- Provide skills to help you spread the movement of asking “What matters to you?”
- Identify process and outcome measures that can be tracked to capture the impact of WMTY implementation at your organization.

If you have special activities planned for WMTY Day, let us know at MontefioreHVC@montefiore.org.

On WMTY Day and beyond, MHVC will continue to train health care staff and providers on WMTY, but will also expand its reach to non-traditional audiences. According to Joan Chaya, MHVC Director, Workforce Development and
Management, "We are especially interested in bringing the WMTY message to human resource professionals, administrators, and cultural competency and health literacy audiences. WMTY has generated a lot of positive response in workplace efforts, LGBTQ programs, and diversity projects."

To capture how MHVC partners are using WMTY in their organizations, MHVC has created a WMTY Survey. "Our partners have been very creative with their initiatives, and we wanted to have an easy way to share their ideas and results," said Dr. Gutnick. Modeled after a British Columbia survey, the MHVC survey asks both qualitative and quantitative questions, and encourages partners to share their stories. "We were told by partners that they want to hear what has worked (or not worked) for others. We are hoping this will be a platform for sharing that information, as well as data." Examples of open-ended questions include:

- How has WMTY impacted your relationships?
- How hard/easy was incorporating WMTY into your practice?
- How did it feel?

In honor of WMTY Day, participation in the survey has a special WMTY product incentive, so start the survey for this limited offer!

The survey link is one of the features of the newly-launched WMTY Online Toolkit on the WMTY web page. "By using our website we can make the toolkit available to partners any time, any where," said Chaya. "Plus, it makes it easier for partners to link to our other training and workforce resources."

**WMTY Around the World: Better Outcomes, Better Lives**

"It’s about personal goals, not diagnoses"

When Anders Vege, Head of Unit for Quality Improvement, Norwegian Institute of Public Health, created the first WMTY Day, June 6th, 2012, he had no idea he had planted the seed for a movement. "Our Norwegian health minister now asks ‘WMTY’ every day. But even with that support, and although WMTY has become a global campaign, we see that changing the dialogue from ‘what matters?’ to ‘what matters to you?’ is still difficult for many. That inspires us to work even harder." WMTY is being used by health collaboratives in half of Norway; in eight months it will be introduced to all of them.

The British Columbia Patient Safety and Quality Council (BC) and the National Health Service of Scotland, with its own WMTYScot website, are two other international health systems leading the the global movement. BC’s new Guide to Having Conversations About What Matters, just issued, is a step-by-step guide with tools for providers, patients, family members, to help make these conversations easier. The Guide shows how everyone who works with patients in health, social, or community care across BC can add “What matters to you?” into their practice each day to improve care.

Last year, over 700 teams in Scotland and 2000 teams in 30 countries around the world participated in WMTY through the WMTYScot website, according to Shaun Maher, Strategic Advisor for Person Centred Care and Improvement and Principal Educator for the Quality Improvement Team, NHS Education for
Scotland. “WMTY gets to an individual’s personal goals quickly and with dignity and compassion. We count those conversations and personal goals, not clinical goals. We believe these will get back to us in positive evidence-based practices.” The team reduced the 35-page intake document to two pages of useful data, focused and designed around WMTY -- which was really appreciated by staff. “We had an immediate reduction in falls, staff absences, and patient complaints,” said Maher. “Using the formal, top-down care record was not effective; our conversations using the two-page form are.” (A report with data from a two-year study in northern Norway identifying personal goals instead of clinical goals will be released soon.)

**WMTY DAY Events: June 6, 2018**

- **Webinar**, 9-10 AM: Register [here](#).

- **WMTY Training**, 10:30 AM-Noon, Orange County Department of Mental Health, Goshen, NY: Information [here](#); register [here](#).

- **IHI Leadership Alliance June Roundtable (webinar)**, 1-2 PM: Join WebEx [here](#). After WebEx loads, a pop-up “Audio Conference” box will appear. Please call in using the number provided, the access code, and the attendee ID number.

- **Association of Healthcare Human Resources Administrators (AHHRA) President’s Dinner**, 6-9 PM, Montefiore Moses Campus: MHVC introduces WMTY and testimonial video. Register [here](#).

When other WMTY events, webinars, or trainings are identified, they will be added to the MHVC [WMTY web page](#).

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**DOH Social Determinants of Health Call for Innovation Release**

The NYS Department of Health has released a Call for Social Determinants of Health Innovations. This initiative intends to identify innovative ideas to effectively address social determinants of health (SDH) for Medicaid members across New York State.

Eligible applicants can include healthcare providers, technology solutions, CBOs, and other providers/organizations. Applications are due on Tuesday, June 15, 2018, by 5 PM; a DOH review panel will select proposals to present at the SDH Innovation Summit in the Fall. There are five SDH domains and winners from each category will be honored with a “2018 SDH Health Innovation Award.”

The Call for Social Determinants of Health Innovation application is...
MRT Receives Public Service Innovation Award

The Medicaid Redesign Team (MRT) has won this year’s Public Service Innovation Award from the New York’s Citizens Budget Commission (CBC). The award recognizes the MRT for transforming the state’s Medicaid program into a national model by cutting costs and putting patients first.

Governor Andrew M. Cuomo announced the award, which cited how the collaborative approach of the MRT and the MRT Action Plan serve as an example of how city and state agencies can partner with stakeholders to come up with innovative solutions in the future.

The CBC’s Public Service Innovation Award is given annually to either a New York City or a New York State agency, in alternating years to recognize and promote successful innovations in the delivery of public services. Read the full press release here.

Commonwealth Fund Report: New Review of Rate-Setting Tools with SDH Lens

In order for all states, including New York, to fully integrate the role of social determinants of health (SDH) into our health care delivery, new contract and rate-setting strategies are needed. MHVC’s Innovation Fund Awards are helping to provide important examples of service delivery where sustainability paths are needed.

In its latest report, “Enabling Sustainable Investment in Social Interventions: A Review of Medicaid Managed Care Rate-Setting Tools,” the Commonwealth Fund presents a pathway to sustain the delivery of SDH interventions through Medicaid Managed Care payment approaches. The article is an important driver in beginning to create state strategies that define the scope of social interventions, such as stable housing and access to healthy food, that can be appropriately supported by Medicaid Managed Care. The article also is an excellent learning resource for Medicaid Waiver Programs, Medicaid Loss Ratios, and In-Lieu of Services.

The text of the full article can be found here. The findings and recommendations include:
1) classify certain social services as covered benefits under the state’s Medicaid plan;
2) explore the additional flexibility afforded states through Section 1115 waivers;
3) use value-based payments to support provider investment in social interventions;
4) use incentives and withholds to encourage plan investment in social interventions;

5) integrate efforts to address social issues into quality improvement activities; and

6) reward plans through higher rates for effective investments in social interventions.

The Commonwealth Fund is a private foundation with the mission of promoting a high-performing health care system that achieves better access, improved quality, and greater efficiency, particularly for vulnerable populations. The Fund supports independent research on health care issues and makes grants to improve health care practice and policy.

Around MHVC | Partner activities

**MMV Asks Nurses to “Get on the Train” Toward Excellence**

*New effort challenges and supports MMV nurses to be the best they can be*

On February 14th, 2018, Montefiore Mount Vernon (MMV) officially welcomed its front-line nurses and nurse managers “on the train toward a journey of excellence,” said Alison Vail, RN, MMV Director of Nursing. “We are working toward building a center of nursing excellence and changing the old culture into one of aspirational goals and documented results. This kick-off event laid the groundwork for a culture change that will impact the future of nursing at MMV.”

Jaccel Kouns, RN, MMV Vice-President/Executive Director, opened the all-day “Welcome Aboard” event, which included motivational presentations, team breakouts, and a discussion of tools that will help nurses manage metrics, safety, emergency department navigation, and the people-side of change. This event has been a year and a half in the making. “We learned that the desire for change was there, but we needed to do a better job of empowering our nurses,” said Vail. “Most were just getting by, thinking ‘it’s good enough.’ Even though there was a deep commitment to the community, that commitment wasn’t translating into excellent care.”

“This kick-off event was a concrete way to channel the ideas and momentum of the town halls into an all-day off-site that would show MMV’s commitment to nursing and empower front line staff to transform patient care,” said Dr. Dianne Gordon, RN, MMV Nursing Clinical Outcomes Manager. “The event asked three questions: Why are we here and what is our vision for MMV? How will we make that vision a reality? and, What changes or processes will we create to make this happen at MMV?”

A key component of the process is shared governance. “We created three councils at the kickoff -- practice, quality, and employee engagement,” said Gordon, who is showing the teams how to document their process and results, and how to use a research format. “We are putting things in place for them to
succeed." "Our nurses now know that their voice matters," said Vail. The Nursing Town Hall has evolved to be a combination of town hall and shared governance council reporting-out every other month. Vail concluded, "This is now just a part of the way MMV does business."

Nyack Hospital’s “¡Mámas Maravillosas!” on CBS News
Telemundo Television will follow up

The media is noticing Nyack Hospital’s “¡Mámas Maravillosas!” As CBS2’s Jessica Moore reports [here](#), Nyack Hospital recently launched a program to help Latin American women lower their risk of Type 2 diabetes. The program, which began has last year, is the only weight-loss support group for Spanish-speaking mothers of all ages in Rockland County. In addition to weight loss -- the goal is for the women to lose 5 to 7 percent of their body weight – the program teaches nutrition and helps the women lower their risk of Type 2 diabetes. “It’s not just teaching the mom, because actually, we all know moms are at the center of how their family’s eating. But now the children are learning at a younger age also how to eat right,” a representative said. The group is currently recruiting participants for their next season; you can join the program [here](#).

Is your organization or staff being honored or recognized? Let us know so we can share the news with the MHVC network.

July is UV Safety Awareness Month

If you have special events or activities around [UV safety](#), let us know so we can feature them in our upcoming newsletters and post them on our [MHVC website](#). Contact us at MontefioreHVC@montefiore.org.

Go to MHVC Website

[Working It | Training and workforce development](#)
Provider/Staff Capacity Survey Results Due Soon
Goal is fostering culturally competent and engaged staff

A live webinar on February 9 launched MHVC’s Provider/Staff Capacity Survey, designed by MHVC’s Cultural Competency/Health Literacy (CCHL) Workgroup. According to Joan Chaya, MHVC Director, Workforce Development and Management, “The results will be used to provide partners with data needed to accomplish the goals associated with building an integrated delivery system and fostering a culturally competent and engaged staff. We have heard many stories about how patients’ encounters with non-clinicians matter. To be most valuable, we hope that all staff who work with patients and the public in any capacity will participate.”

Patient-facing staff have multiple opportunities to impact patient experience. Non-clinicians and volunteers often provide key information to keep patients engaged and they can help accomplish an organization’s mission, sometimes in innovative ways. “All staff reflect the culture of an organization,” said Chaya. “Since the quality of care hinges on staff performance, we believe that joy in work is the foundation for sustainable change.”

“An anonymous link was sent to each partner so they can send it out internally to their staff,” said Jasmine Cruz, MHVC Senior Human Resources Specialist. “To make it as convenient as possible, the survey took only 15-20 minutes to complete on any device.” To induce participation, those who completed the survey could provide email addresses to be eligible for a $50 gift card raffle.

The lessons learned will immediately help organizations develop quality projects. The results can also be used to measure progress towards shared outcomes and for quality project metrics. The survey was first administered two years ago, and then redesigned with assistance from the Albert Einstein College of Medicine, and with input from the CC/HL Workgroup; the new survey was also sent to MHVC Innovation Fund grant recipients and new partners. The revised survey added new domains around joy in work and provider burnout to reflect the emphasis on these areas by MHVC.

Einstein will be doing the data collection and analysis of the responses; reporting will be by organization as well as against the anonymous aggregate results. Analyses will be sent to organizations soon and results will be summarized in a future MHVC Newsletter. If you have questions about the survey, please contact Jasmine Cruz at jascruz@montefiore.org.

Using the “People Side of Change” for Substance Use Screening and Treatment
BHI LC #3 introduces techniques and training embraced by partners

The major focus of the third Behavioral Health Integration Learning Collaborative was on SBIRT for primary care providers and behavioral health organizations -- and Dr. Damara Gutnick, MHVC Medical Director, saw it as an ideal opportunity to introduce recently-acquired skills in change management.

Reflecting MHVC’s emphasis on how change is implemented, Dr. Gutnick and Joan Chaya, MHVC Director of Workforce Development and Management, presented, “Managing the People Side of Change,” asking the fundamental
question, "How can a person’s reaction to a change impact project success?" Dr. Gutnick explained, "It’s easy to say, ‘don’t resist change, embrace it.’ We want to provide our partners with the tools to help them achieve positive results.”

One tool is the Prosci® change management training (article here). According to Chaya, "Introducing ADKAR®, the five building blocks of successful change -- Awareness, Desire, Knowledge, Ability, and Reinforcement® -- we are showing partners that there is a clear path to achieve the change they want." According to Aliza Travis, MHVC Provider Relations Specialist, “We believe these change management strategies can be very helpful in planning for BHI of substance use screening and treatment for both of these provider groups.”

There are 35 certified change management practitioners in the MHVC network, including Katherine Brieger, Chief, Patient Experience and Staff Development for HRHCare. “When we moved our project teams through ADKAR® we saw how we can improve our Lean processes. ADKAR® shows us how to incorporate a communications plan to foster long-lasting change.” Brieger had two major takeaways. “Unless you have a formal process to make change happen you will not achieve permanent change.” The other area of great interest was how to address interdepartmental change. “This was a big challenge for most participants; they realized that If they had a formal change management plan they would be able to move forward more successfully.”

Travis did a presentation asking the question, “How does your organization prepare for change?” Using a Prosci® tool for “Assessing Change & Organizational Readiness,” participants looked at their change characteristics and organizational attributes, and plotted the results on a grid to reveal their score. “We asked partners to think about the implications of change. For each specific change, is the risk high, medium, or low? What is the impact on people, funding, and IT?” explained Travis. “The proven effectiveness of using change management tools will influence our engagement strategy going forward,” said Travis.

On May 8, the MHVC workforce team delivered a change management workshop to Arms Acres senior leadership called “Help Your Team Embrace Change.” The workshop focused on change management fundamentals and provided an overview of roles and core competencies. For more information, contact Maria Gerena at mageren@montefiore.org.

Ready to Use and to Bill: OASAS-Approved SBIRT Training Has Immediate Impact
Two more sessions in June and September

In our November 2017 MHVC Newsletter (link here), we introduced our instructor-led training on Screening, Brief Intervention, and Referral to Treatment (SBIRT), a comprehensive, integrated, public health approach to the delivery of early intervention and treatment for substance and alcohol use disorders. "This training offers providers a set of tools that can help prevent disease, accidents and injuries related to substance and alcohol use, resulting in better patient outcomes, and helps reduce costly health care utilization,” said Dr. Henry Chung, Senior Medical Director, Montefiore Care Management Organization. Since many payers, including Medicaid, reimburse for SBIRT services, licensed providers will be able to bill for these services by attending
this training.

"This full-day course is a comprehensive, integrated, public health approach that provides opportunities for early intervention before more severe consequences from use occur," according to Kelly Carleton, an SBIRT trainer certified by the NYS Office of Alcoholism and Substance Abuse Services (OASAS) and Project Manager for Montefiore Medical Center’s Behavioral Health Integration Project. "It provides guidelines to help providers triage patients to appropriate interventions. Training participants will also be introduced to clinical tools and resources to implement SBIRT in everyday practice."

"This full six-hour training is approved by OASAS," said Carleton, "and is much more comprehensive than the one-hour training some may have had in the past." The one-hour training is limited to theory and there are no "take-home" skills that can be used in clinical practice -- or certification for billing. "Our focus for the full day training is to enhance clinical skills, specifically using motivational interviewing, and make them applicable for attendees to put into practice in various settings. The session also integrates role play, making the training more interactive."

"I walked away with a clearer working knowledge of the impact that SBIRT intervention can have in the primary care setting and a deeper knowledge of substance use from a public health lens," said Jenifer Maple, LCSW, Montefiore Medical Group. "I was immediately able to use my new motivational interviewing skills in practice to approach the biopsychosocial effects of addiction with patients in an effective, time-efficient way."

The remaining sessions in 2018 are June 15, 2018 in Yonkers (register by June 13) and September 19 in Goshen (register by September 17). More information can be found here. MHVC is considering a 12-hour, two-day session for care managers and patient educators -- those who are crucial for alcohol- and substance-use integration, but not licensed. If you are interested, contact Kelly Carleton, kcarleto@montefiore.org.

What Matters to You | How partners are implementing WMTY
Inspire Us -- Take Our Survey
Tell us how you use WMTY and the difference it makes. Opt in to receive a special WMTY gift as thanks!

Click here to take the survey

What Comes After WMTY Success Stories? Data, Data, Data!
Working with partners on the next stage: Documenting change

Even though we can feel and see the difference asking “What Matters to You?” makes, real change in health care happens when there are data proving positive outcomes. Results are starting to come in from WMTY projects in Norway and Sweden, and now MHVC is challenging our network to think about how to shift from qualitative patient stories to process and outcomes measures. “The emphasis on measurement is key for sustainability,” said Dr. Damara Gutnick, MHVC Medical Director. “Ensuring that you can demonstrate impact of your intervention using data is foundational to success.”

Dr. Gutnick and Joan Chaya, MHVC Director, Workforce Development and Management, are beginning to work with partners who have already adopted WMTY to design pilot projects for collecting data. “It is important to select metrics that are easy to track or are already being tracked, and to start small,” explained Dr. Gutnick. “Starting small means piloting on one ward, or one area for one day, or using one tool, such as a ‘head of bed’ WMTY poster or incorporating WMTY into an admission intake form.” Examples of data that might be used include HCAHPS or other patient experience measures, the number of falls, patient complaints, and staff satisfaction surveys. In addition to assisting partners with data collection, the MHVC team will use the Plan-Do-Study-Act (PDSA) technique to improve and streamline processes.

The team is starting with two partners, Montefiore Nyack and Montefiore Wakefield. At Nyack, MHVC is working with Drew Deraney, MA, MBA, CPXP,
Director of Patient Experience, and Robyn Postighone, RN MPA, Director of Quality, Performance Improvement & Infection Prevention. "We are excited to launch WMTY with the support of the MHVC team and anticipate it will be a game-changer at Nyack," said Deraney.

The team will focus on the hospital's orthopedic joint surgery ward, collecting data on total joint replacement patients since it is easier to have an anticipated date of discharge as a baseline. WMTY will be incorporated into all patient touches beginning two weeks prior to the patient’s scheduled surgery when they attend a Preoperative Orientation Class. The project will track discharge dates, falls, adherence to treatment, comments, and complaints. "We are also using this project as a way to improve our communication about pain," said Deraney. "We plan to add the question 'Do you feel that staff addressed what was important to you during your hospital stay?' to our pain survey."

Using a WMTY conversation helps ensure that patients feel safe and at ease during their hospitalization, and prepared to go home to continue their healing. For example, if "I live on the fifth floor and the elevator keeps breaking" is a primary patient concern, staff can help plan accordingly. One full-time and two per-diem patient experience representatives will visit patients in the hospital a day after surgery; with 12-13 total knees and 8-9 total hips a month, the project goal is manageable.

At Montefiore Wakefield Hospital, Maura E. Porricolo, DrNP, CPNP, MPH, Assistant VP Operations, will work with the MHVC team on patient experience outcome metrics while monitoring process measures related to the volume of patient complaints and time to resolution. "We have had great success using the WMTY worksheet with our staff and understanding their expectations," said Porricolo, who oversees patient experience and customer service. "It can be used to resolve almost anything, so I got 'buy-in' from the staff and administration very early. Now it's time to move from the qualitative -- 'we can do that for you' -- to the quantitative."

Porricolo's baseline data is from January through March 2018 including customer complaints and service recovery (follow up). "We are looking at volume and time frames for how long it takes to resolve issues, regardless of the source: team members, a family member, or our phone hotline. We discuss results monthly, and we will compile an analysis quarterly." Porricolo has a three-person team and an inpatient population of 250 per day. "Complaint volume may increase initially because we are soliciting responses," Porricolo said, 'but since 'behavior drives data, data don't drive behavior,' we are confident that using WMTY will drive a culture of courtesy and respect, measured by HCAHPS scores, very soon."

They're Here! Order Your WMTY Buttons

Now you can wear your commitment to WMTY every day. Email your WMTY button requests to Elizabeth Ramos, eliramos@montefiore.org, with "WMTY Button Request" in the subject line. Be sure to include: Your name and phone number, organization, mailing address, and the number of buttons needed (no amount is too small or too large). There is no charge for the buttons or the shipping for MHVC partners.

https://us11.admin.mailchimp.com/campaigns/show?id=1897069
Partner Highlights

SLCH Named a Great Place to Work®
Institute adds SLCH to elite list

St. Luke’s Cornwall Hospital (SLCH) joins the Mayo Clinic, Cleveland Clinic and St. Jude’s Children’s Research Hospital as one of 56 healthcare employers in the country -- and the first and only employer in the Hudson Valley region -- to be certified as a Great Place to Work®.

"Being named a Great Place to Work® validates what we all know to be true," said Joan Cusack-McGuirk, SLCH President and CEO. "We are truly a family at St. Luke’s Cornwall Hospital, providing compassionate care to our friends and neighbors in the community. This is a terrific tribute to the culture that exists throughout our organization. I am incredibly proud."

The Great Place to Work® Institute has a survey and ratings system based on over 25 years of their global research to find out what makes great workplaces from employees’ perspectives, and how companies can improve their workplaces. "We applaud St. Luke’s Cornwall Hospital for seeking certification and releasing its employees' feedback," said Kim Peters, Executive Vice President of Great Place to Work’s Certification Program.

“When the certification was announced, people in the hospital started cheering,” said Kathleen A. Sheehan, RN, MSN, Director of Emergency and Trauma Services. The credential is based on extensive ratings provided by employees in anonymous surveys. Survey results highlighted the way SLCH employees take pride in their jobs, the communication that exists amongst coworkers, and the organization’s overall contribution to the community. A summary of these ratings can be found [here](#).

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