**New York State Department of Health**

**Health Equity Impact Assessment Template**

Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

## SECTION A. SUMMARY

| | |
|---|---|
| 1. Title of project | MECN VIP Medical |
| 2. Name of Applicant | Manhattan Endoscopy Center (MECN) |
| 3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA | Sachs Policy Group (SPG) – 212-827-0660<br>• Jaclyn Pierce, MPH jpierce@sachspolicy.com<br>• Anita Appel, LCSW - AnitaAppel@sachspolicy.com<br>• Maxine Legall, MSW, MBA - mlegall@sachspolicy.com<br><br>Qualifications:<br>• Health equity – 6 years<br>• Anti-racism – 6 years<br>• Community engagement – 25+ years<br>• Health care access and delivery – 10+ years |
| 4. Description of the Independent Entity's qualifications | The Health Equity Impact Assessment (HEIA) Team at Sachs Policy Group (SPG) is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team comprises experts with extensive backgrounds in health policy, population health, data analysis, community engagement, and anti-racism. They are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities.<br><br>The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Their work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies.<br><br>In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as Medicaid programs serving low-income individuals and maternal health initiatives that aim to reduce pre- and post-partum health disparities. They are |

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|---|---|
| | dedicated to supporting organizations that serve vulnerable populations, including safety net hospitals, community health centers, long-term care organizations, behavioral health providers, child welfare agencies, and providers that support individuals with intellectual and developmental disabilities.<br><br>The SPG HEIA team is deeply passionate about improving the health care delivery system, especially for underserved populations. The team is unwavering in its commitment to promoting equity through rigorous research, insightful consulting, and strategic advisory work. |
| 5. Date the Health Equity Impact Assessment (HEIA) started | May 15, 2025 |
| 6. Date the HEIA concluded | July 28, 2025 |

| 7. Executive summary of project (250 words max) |
|---|
| This project seeks to expand the procedures offered at Manhattan Endoscopy Center (MECN), which is currently a gastrointestinal-focused ambulatory surgery center. These new procedures would include specific vascular procedures—namely, radiofrequency ablation and Varithena treatments—which are appropriately performed in a procedure room setting by a qualified surgeon. |
| 8. Executive summary of HEIA findings (500 words max) |
| MECN plans to expand its Article 28 ambulatory surgery license to include low acuity vein procedures—specifically radiofrequency and Varithena ablations—within its existing midtown Manhattan facility. Our assessment determined that older adults and women will benefit most, as both groups experience higher prevalence and complications of chronic venous disease.<br><br>Adding vein services in the same suites now used for endoscopy will enable rapid deployment with no capital construction, minimal new equipment, and shared nursing and technician teams. Operations staff confirmed that procedure rooms can be cleaned and reset between morning gastrointestinal cases and afternoon vein cases without disrupting existing schedules or clinical quality. The Applicant has existing procedures and infrastructure in place to support individuals with limited English proficiency and those with disabilities. Interviews with surgeons, staff, the local health department, and community partners, plus an English- and Spanish-language survey, consistently supported the project.<br><br>We recommend that the Applicant maintain transparent, proactive communication with |

current gastroenterology patients, assuring them that their care experience and clinical team will remain unchanged. Second, the Applicant should sustain open dialogue with staff, patients, and referral sources so the vein program integrates smoothly into existing operations and daily workflows. Third, the Applicant should consider developing targeted outreach to identify the populations who may be most in need of vein procedures, such as OB-GYN practices and senior centers. Fourth, the Applicant can leverage existing relationships with local Federally Qualified Health Centers and other community partners to broaden access for underserved populations. Finally, the Applicant should co-design quality and safety metrics with the vascular surgeons—such as 30-day occlusion rates, reinterventions, and ulcer-free survival—stratifying results by age, sex, race/ethnicity, insurance status, and interpreter use to monitor health equity impact.

## SECTION B: ASSESSMENT

**For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.**

### STEP 1 – SCOPING

1. **Demographics of service area: Complete the "Scoping Table Sheets 1 and 2" in the document "HEIA Data Tables". Refer to the Instructions for more guidance about what each Scoping Table Sheet requires.**

   Please see attached spreadsheet titled "heia_data_tables_MECN.xlsx"

2. **Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:**
   - Older adults
   - Women

3. **For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?**

   We analyzed utilization data from the Applicant, census data for the service area, academic literature, information obtained from interviews with center staff and external stakeholders, and information obtained from a community survey. We were not able to access market share information for other similar service providers in the area.

4. **How does the project impact the unique health needs or quality of life of each medically underserved group (identified above)?**

We expect the Applicant's proposal to add vein procedures to its operating certificate to primarily impact older adults and women because these groups are more at risk for chronic venous conditions and are therefore more likely to need procedures such as radiofrequency ablation and Varithena ablation. These minimally invasive procedures "have revolutionized varicose vein treatment, offering high success rates and quicker recovery compared to traditional surgery."[1] The physicians that will be performing the vein procedures confirmed that while varicose veins and related complications are a common problem affecting a significant portion of the population, older adults and women are frequent patients due to their unique risk factors outlined below.

Older Adults

Approximately 16% of individuals in the Applicant's service area are over the age of 60, compared to 24% statewide.[2] New York currently has the 4th largest population of older adults in the country, with the aging population continuing to increase.[3] The prevalence of venous disease and varicose veins increases with age.[4,5] Older adults are also at greater risk for complications related to varicose veins, such as venous thrombosis or ulcers.[6,7] Varicose veins are an increasingly frequent cause of discomfort and decreased quality of life with age, but surgical treatment can be more effective than conservative management.[8] As a result, older adults may be more in need of additional access points for low acuity vein procedures in the service area.

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[1] Fayyaz, F., Vaghani, V., Ekhator, C., Abdullah, M., Alsubari, R. A., Daher, O. A., Bakht, D., Batat, H., Arif, H., Bellegarde, S. B., Bisharat, P., & Faizullah, M. (2024). Advancements in varicose vein treatment: Anatomy, pathophysiology, minimally invasive techniques, sclerotherapy, patient satisfaction, and future directions. *Cureus, 16*(1), e51990. https://doi.org/10.7759/cureus.51990

[2] U.S. Census Bureau. (2023). *2022 American Community Survey 5-Year Estimates: Data Profiles* [Data set]. Retrieved June 30, 2025, from https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/2022/

[3] New York State Department of Health, Office of Aging and Long Term Care, & New York State Office for the Aging. (2025, June 30). *New York State master plan for aging: Final report*. https://planforaging.ny.gov/system/files/documents/2025/06/mpa-final-report-6.30.25.pdf

[4] Beebe-Dimmer, J. L., Pfeifer, J. R., Engle, J. S., & Schottenfeld, D. (2005). The epidemiology of chronic venous insufficiency and varicose veins. *Annals of Epidemiology, 15*(3), 175–184. https://doi.org/10.1016/j.annepidem.2004.05.015

[5] Eberhardt, R. T., & Raffetto, J. D. (2014). Chronic venous insufficiency. *Circulation, 130*(4), 333–346. https://doi.org/10.1161/CIRCULATIONAHA.113.006898

[6] Mok, Y., Ballew, S. H., Kucharska-Newton, A., Butler, K., Henke, P., Lutsey, P. L., Salameh, M., Hoogeveen, R. C., Ballantyne, C. M., Selvin, E., & Matsushita, K. (2025). Demographic and clinical risk factors of developing clinically recognized varicose veins in older adults. *American Journal of Preventive Medicine, 68*(4), 674–681. https://doi.org/10.1016/j.amepre.2024.12.009

[7] Attaran, R. R., & Carr, J. G. (2022). Chronic venous disease of the lower extremities: A state-of-the-art review. *Journal of the Society for Cardiovascular Angiography & Interventions, 2*(1), Article 100538. https://doi.org/10.1016/j.jscai.2022.100538

[8] Chen, H., Reames, B., & Wakefield, T. W. (2017). Management of chronic venous disease and varicose veins in the elderly. In R. Chaer (Ed.), *Vascular disease in older adults: A comprehensive clinical guide* (pp. 95–111). Springer. https://doi.org/10.1007/978-3-319-29285-4_5

Women

Approximately 53% of individuals in the Applicant's service area are female, compared to 51% statewide.[2] Most studies indicate that varicose veins present more commonly in women compared with men.[5,5,9] Pregnancy is a major contributory factor in the increased incidence of varicose veins in women and is also considered a risk factor for chronic venous insufficiency.[4] As a result, women may be more in need of additional access points for low acuity vein procedures in the service area.

## 5. To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?

Tables 1 and 2 below outline the age and gender distribution of current patients at the facility. Since services at MECN are currently limited to endoscopic procedures, we expect the demographics of the patient population to change slightly. Because the outlined risk factors are most common in older adults and women, introducing vein procedures will likely boost the facility's overall service volume—especially from these two groups.

*Table 1. Age*

| Age | % of Patients |
|---|---|
| Under 19 | <1% |
| 20-34 | 6% |
| 35-54 | 30% |
| 55-64 | 26% |
| 65+ | 38% |

*Table 2. Gender*

| Gender | % of Patients |
|---|---|
| Male | 55% |
| Female | 45% |

## 6. What is the availability of similar services or care at other facilities in or near the Applicant's service area?

[9] Eberhardt, R. T., & Raffetto, J. D. (2014). Chronic venous insufficiency. *Circulation, 130*(4), 333–346. https://doi.org/10.1161/CIRCULATIONAHA.113.006898

Clinical facilities in Manhattan that offer outpatient vein procedures such as sclerotherapy, laser treatment, radiofrequency ablation, or Varithena ablation and their distance from the Applicant's site are outlined in Table 3 below.

*Table 3. Manhattan-Based Outpatient Centers Providing Vein Procedures*

| Provider | Location | Distance from MECN |
|---|---|---|
| **Manhattan Endoscopy Center (MECN)** | 535 5th Ave, NY, NY 10017 | - |
| **Vein Treatment Clinic – Midtown** | 290 Madison Ave, NY, NY 10017 | ~0.4 miles |
| **Manhattan MedSpa Sclerotherapy Clinic** | 220 Madison Ave, NY, NY 10016 | ~0.5 miles |
| **Manhattan Dermatology – Midtown** | 56 W. 45th St., NY, NY 10036 | ~0.5 miles |
| **New York Vein Treatment Center** | 30 Park Ave, NY, NY 10016 | ~0.5 miles |
| **Advanced Varicose Vein Treatments – Midtown** | 369 Lexington Ave, NY, NY 10016 | ~0.5 miles |
| **Metro Vein Centers – Midtown** | 111 East 57th St., NY, NY 10022 | ~0.7 miles |
| **NYU Langone Vein Center** | 530 First Ave, NY, NY 10016 | ~0.9 miles |
| **Manhattan Dermatology – Union Square** | 55 W. 17th St., NY, NY 10011 | ~1 mile |
| **Fox Vein Care** | 1041 Third Ave, NY, NY 10065 | ~1 mile |
| **USA Vein Clinics – Chelsea** | 314 W. 23rd St., NY, NY 10011 | ~1 mile |
| **Columbia Vein Program – Midtown** | 51 West 51st St., NY, NY 10019 | ~1.1 miles |
| **Mount Sinai West Vascular** | 425 West 59th St., NY, NY 10019 | ~1.1 miles |
| **The Vein Treatment Center** | 910 Fifth Ave, NY, NY 10021 | ~1.3 miles |
| **USA Vein Clinics – Lenox Hill** | 1153 1st Ave, NY, NY 10065 | ~1.5 miles |
| **Northwell Health Vein Center (Union Square)** | 95 University Pl., NY, NY 10003 | ~1.7 miles |
| **Vein Treatment Clinic – Upper East Side** | 1111 Park Ave, NY, NY 10128 | ~2.1 miles |
| **Manhattan Dermatology – Upper East Side** | 983 Park Ave, NY, NY 10028 | ~2.1 miles |
| **Shulman Vein and Laser Center** | 1165 Park Ave, NY, NY 10128 | ~2.3 miles |
| **USA Vein Clinics – 1st Ave** | 1974 First Ave, NY, NY 10029 | ~2.5 miles |

| | | |
|---|---|---|
| **Mount Sinai Hospital Vascular Surgery** | 1190 Fifth Ave, NY, NY 10028 | ~2.9 miles |
| **Vein Treatment Clinic – Financial District** | 156 William St., NY, NY 10038 | ~3.4 miles |
| **NYP Lower Manhattan Hospital – Vein Center** | 156 William St., NY, NY 10038 | ~3.4 miles |
| **Advanced Varicose Vein Treatments – Downtown** | 111 John St., NY, NY 10038 | ~3.6 miles |
| **USA Vein Clinics – Lower Manhattan** | 122 Fulton St., NY, NY 10038 | ~3.5 miles |
| **Mount Sinai Morningside Vascular** | 111 Amsterdam Ave, NY, NY 10025 | ~3.6 miles |
| **USA Vein Clinics – Harlem** | 262 W. 145th St., NY, NY 10039 | ~4.5 miles |
| **USA Vein Clinics – Washington Heights (St. Nicholas)** | 1264 St. Nicholas Ave, NY, NY 10033 | ~6 miles |
| **USA Vein Clinics – Dyckman** | 155 Dyckman St., NY, NY 10040 | ~6.5 miles |
| **USA Vein Clinics – Washington Heights (Broadway)** | 4159 Broadway, NY, NY 10033 | ~6.7 miles |
| **Columbia Vein Program – Uptown** | 161 Fort Washington Ave, NY, NY 10032 | ~6.7 miles |

7. **What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?**

   We were not able to obtain outpatient data specific to each of the practices above to adequately measure the market share.

8. **Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.**

   N/A

9. **Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result from implementation of project? If yes, please describe.**

There are no staffing issues anticipated related to the project. The facility will be bringing on a new vascular surgeon to complete the vein procedures onsite. The vascular surgeon currently performs these procedures within VIP Medical Group, which is located nearby the facility and is where the consultations for all procedures will take place. Existing support staff, such as nurses and technicians, will be trained to support the surgeon during the procedures.

10. **Are there any civil rights access complaints against the Applicant? If yes, please describe.**

No

11. **Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.**

No

## STEP 2 – POTENTIAL IMPACTS

1. **For each medically underserved group identified in Step 1 Question 2, describe how the project will:**
    a. **Improve access to services and health care**
    b. **Improve health equity**
    c. **Reduce health disparities**

By offering low acuity vein procedures at the existing endoscopy clinic, the project will create an additional outpatient option in midtown Manhattan – expanding patient choice of both provider and location. Enhancements to access include:

1. **Co-Location benefits:** The clinic already holds an Article 28 license for sterile outpatient procedures and meets all relevant clinical and regulatory requirements and standards. There are no capital changes required, and only minimal equipment and staff training will be necessary. This will result in a rapid start-up of services and more immediate appointment availability for neighborhood residents.
2. **Complementary scheduling and shared staff:** According to staff and other experts in the field, endoscopy procedures typically take place in the early morning due to the preparation requirements, allowing for afternoon blocks to be dedicated to vein procedures. This maximizes the facility's current space and staffing while ensuring

no disruption to existing patients and services. Operations staff verified that MECN has adequate space and staffing to accept additional patients, and that procedure rooms will be thoroughly cleaned and readied for afternoon vein procedures following morning endoscopic cases.

3. **Ambulatory setting:** Low acuity procedures, such as radiofrequency ablation, provided in an ambulatory setting rather than in the hospital can be both convenient and cost-effective.[10] Research shows that vein treatment procedures performed in an outpatient setting demonstrate comparable results to those obtained in a conventional operating theater, with particularly benefits for individuals over age 65 who can better tolerate outpatient procedures compared to hospitalization.[11] Studies also shows that most patients – including women juggling family or work – seeking treatment for varicose veins prefer local anesthetic therapy and single visit treatment options compared to surgery.[12]
4. **Continuity of care:** Given that MECN has existing gastrointestinal services and referral partnerships with primary care providers, the project may improve continuity of care and access to other services for patients newly seen at the clinic for vein procedures. Cross-disciplinary case conferences and warm hand-offs reduce fragmented care, shorten wait times for ancillary services, and improve adherence to follow-up—ultimately lowering the risk of ulceration, infection, and emergency department use. For example, the physician we spoke with noted that the median age of patients receiving vein procedures is around 50, and it is recommended that most adults start receiving colonoscopies at age 45, allowing for a cross-referral relationship and coordination of care between the services where appropriate.

For women, the improved access to same-day procedures in an outpatient setting with flexible scheduling may improve convenience and help with childcare constraints or other time limitations. For older adults, the outpatient model avoids an overnight stay in a hospital setting and the local community access can minimize transportation barriers for mobility-limited seniors. However, the physician we spoke with that will be performing the procedures clarified that while they will treat healthy seniors at any age, if a senior has physical complications or severe comorbidities that would make the

[10] Gohel, M. S., Epstein, D. M., & Davies, A. H. (2010). Cost-effectiveness of traditional and endovenous treatments for varicose veins. *British Journal of Surgery, 97*(12), 1815–1823. https://doi.org/10.1002/bjs.7256
[11] Varetto, G., Gibello, L., Frola, E., Trevisan, A., Trucco, A., Contessa, L., & Rispoli, P. (2018). Day surgery versus outpatient setting for endovenous laser ablation treatment: A prospective cohort study. *International Journal of Surgery, 51*, 180–183. https://doi.org/10.1016/j.ijsu.2018.01.039
[12] Shepherd, A. C., Gohel, M. S., Lim, C. S., Hamish, M., & Davies, A. H. (2010). The treatment of varicose veins: An investigation of patient preferences and expectations. *Phlebology, 25*(2), 54–65. https://doi.org/10.1258/phleb.2009.009008

procedures risky they would recommend that the patient receive the services at a hospital.

For both populations, earlier intervention can reduce the likelihood of advanced skin changes, increased discomfort, ulcers, and other complications that disproportionately affect women and older adults. Collectively, this project can help close treatment gaps for women and older adults, brining low acuity vein care close to home while easing cost, time, and mobility burdens.

2. **For each medically underserved group identified in Step 1 Question 2, describe any unintended positive and/or negative impacts to health equity that might occur as a result of the project.**

For women and older adults, and others who are at greater risk of varicose veins and related conditions (e.g., those with genetic risk factors), an unintended positive health equity benefit that might occur as a result of this project is that it will divert low acuity vein cases from higher need settings, such as hospital operating rooms, freeing those rooms for higher acuity and more emergent procedures.

3. **How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.**

In 2024, the Center provided care either free or below cost to 46 individuals, for a total of $92,000. The Center is on track to provide closer to 200 cases of charity care in 2025 after several meetings and workflow reviews with Federally Qualified Health Center (FQHC) partners. The new services will be integrated into existing policies, including by guaranteeing Medicaid coverage, dedicating a portion of care to charity (at least 2%), and adjusting fees based on the existing sliding scale for gastrointestinal services. As the number of total services provided at the center will increase, the overall amount of indigent care may also increase. However, the proportion of uncompensated/charity care compared to compensated care is likely to remain the same as the demographics of the population served is not expected to change significantly.

4. **Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.**

The facility is accessible via several public transportation options:

**Subway**:

- Grand Central – 42 St. (4/5/6, 7, and Shuttle lines) is an approximately 3-minute walk
- 42 St. – Bryant Park (B/D/F/M line) is an approximately 5-minute walk

**Bus**:

- M1, M2, M3, M4
- M5
- M42

**Metro-North Trains:**

- Grand Central Terminal is an approximately 3-minute walk

5. **Describe the extent to which implementation of the project will reduce architectural barriers for people with mobility impairments.**

The facility is ADA accessible, including nine ADA bathrooms and five elevators. There are no capital changes that would create architectural barriers or impact individuals with mobility impairments.

6. **Describe how implementation of the project will impact the facility's delivery of maternal health care services and comprehensive reproductive health care services, as that term is used in Public Health Law § 2599-aa, including contraception, sterility procedures, and abortion. How will the project impact the availability and provision of reproductive and maternal health care services in the service area? How will the Applicant mitigate any potential disruptions in service availability?**

N/A

## Meaningful Engagement

7. **List the local health department(s) located within the service area that will be impacted by the project.'**

New York City Department of Health and Mental Hygiene (DOHMH)

8. **Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?**

Yes, the Independent Entity spoke with DOHMH on July 17, 2025 and they provided a statement for inclusion in the assessment (see Meaningful Engagement tables for the full statement). DOHMH did not have any serious concerns with the project and encouraged the facility to leverage existing partnerships and monitor marketing and referrals to ensure equitable access.

DOHMH had questions regarding scheduling availability, staff capacity, consultations, staff training, and charity care. In response to these questions, MECN clarified that first availability for appointments is at 7am, allowing for morning appointments. There are 7 procedure rooms, of which 4-5 are typically in use depending on the day, ensuring adequate capacity for vein procedures to take place in both the morning and afternoon timeframes. For staff training, support staff and the Director of Nursing will observe cases at the vascular surgeons existing office within VIP Medical (290 Madison Ave, Suite 202, New York, NY 10017), an approximately 6-minute walk from MECN. The facility will ensure competencies prior to the start of the first vein cases performed onsite, and trainings will be scheduled around current clinical needs to ensure sufficient staffing is maintained. When a patient is scheduled – either insured or uninsured – the MECN and VIP Medical billing and financial teams will meet to discuss any upfront fees. For insured patients, this would include copays for the total cost of care. In the event a patient is receiving care pro bono, this will be clearly discussed upfront and agreed upon by both teams. The facility will never surprise bill patients.

## 9. Meaningful engagement of stakeholders: Complete the "Meaningful Engagement" table in the document titled "HEIA Data Table". Refer to the Instructions for more guidance.

Please refer to attached spreadsheet titled "heia_data_tables_MECN.xlsx"

## 10. Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern the project or offered relevant input?

The stakeholders most affected by this proposed project are individuals who suffer from varicose veins and related conditions or complications, such as pain, ulcers, chronic venous disease/insufficiency, and deep vein thrombosis. All interviewees were supportive of the project, with most indicating that the new service line would fit in seamlessly within the center's existing care model and philosophy.

All survey respondents were either supportive of the project or felt neutral about it. One survey respondent cautioned that the expansion must not compromise the quality of endoscopy and colonoscopy services—a concern the Independent Entity had previously raised with facility staff. Staff, however, assured the Independent Entity that scheduling, space, and staffing capacity would be sufficient to maintain current quality standards. Other respondents voiced their support of the project, noting the convenience of the location and that "more options are better." Another respondent noted that while they are not currently experiencing any vein issues, if the problem were to arise in the future it would be beneficial to receive care from a facility and doctors with which they are already familiar.

## 11. How has the Independent Entity's engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?

As part of our stakeholder engagement, we conducted one-on-one interviews with vascular surgeons, employees, partners, and associations. We also distributed a community survey that was available in both English and Spanish and open for three weeks. Our stakeholder and community engagement complemented our data analysis by providing qualitative insights into the medically underserved populations that may be impacted.

## 12. Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.

SPG's stakeholder engagement process involved developing a comprehensive outreach strategy to a diverse set of stakeholders from which we sought feedback for the assessment. As part of this effort, we conducted 8 interviews with staff, referral and community partners, and the local health department and received 22 responses to our survey from patients and community members.

The demographics of the survey respondents are outlined below:

*Table 4. Race/Ethnicity*

| | |
|---|---|
| White | 16 |
| Black or African American | 3 |
| Asian American, Pacific Islander, Native Hawaiian | 1 |
| Hispanic or Latino | 1 |
| Native or Indigenous American | 0 |
| Middle East or North African | 1 |
| Prefer not to answer | 1 |
| Other | 0 |

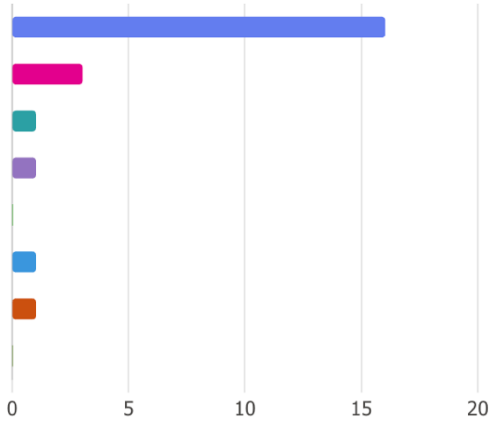



*Table 5. Gender*

| | |
|---|---|
| Male | 12 |
| Female | 10 |
| Non-binary | 0 |
| Prefer not to answer | 0 |
| Other | 0 |


*Table 6. Insurance Coverage*

| | |
|---|---|
| Medicaid recipient | 0 |
| Medicare recipient | 1 |
| Person with other public health coverage (i.e. Veteran's Affairs) | 0 |
| Person eligible for or currently receiving public health benefits (i.e. SNAP, WIC) | 0 |
| Person who has private or employer-sponsored health insurance coverage | 21 |
| Person who does not have health insurance coverage | 0 |
| I am not sure | 0 |
| Prefer not to answer | 0 |
| Other | 0 |

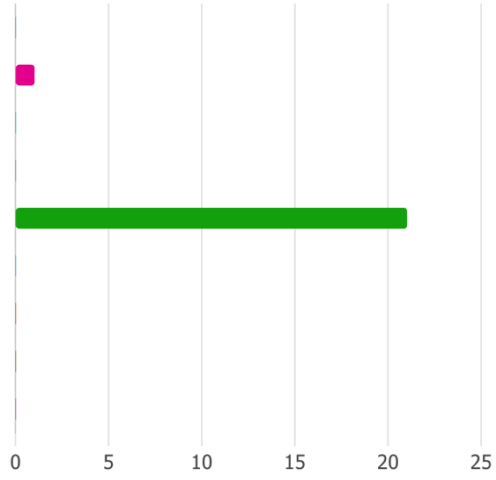
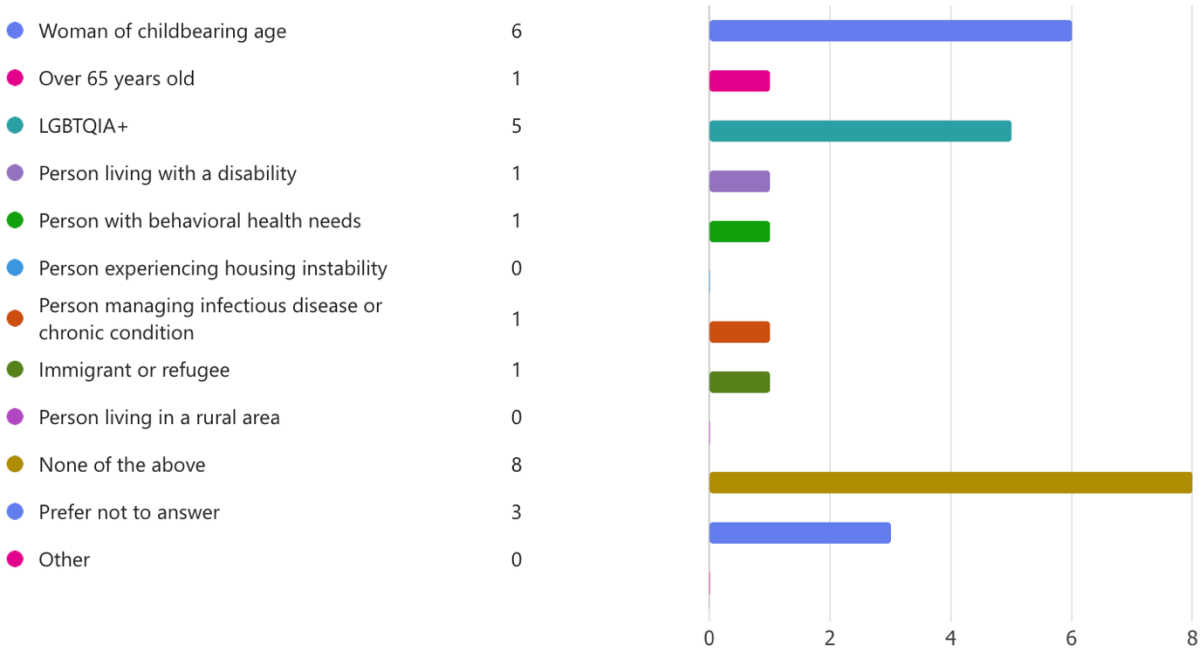



*Table 7. Other Demographics*




We attempted to reach as many organizations/individuals/groups as possible that represent the medically underserved groups impacted by the project. While we believe that we received adequate feedback from a diverse group of stakeholders, we recognize that certain individuals/populations may have faced barriers to participation. For example, most opportunities for participation were delivered via electronic means (i.e., online survey), potentially limiting participation for those with limited access to the Internet/electronic equipment. However, we believe that the medically underserved groups impacted by the project were adequately represented by the individuals from whom we received feedback during the stakeholder engagement process.

## STEP 3 – MITIGATION

1. **If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:**
    a. **People of limited English-speaking ability**
    b. **People with speech, hearing or visual impairments**
    c. **If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?**

The Applicant has interpreter services that are available to patients immediately, including virtual sign language interpreters. The Applicant can accommodate individuals who are deaf or have visual impairments with advance notice. The physician that will be

completing the vein procedures is fluent in Spanish and currently serves a large portion of Spanish-speaking patients.

## 2. What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?

To ensure awareness of the services and seamless referral pathways for women, the Applicant should explore partnerships with women's health and social service providers, such as OB-GYN practices, WIC sites, birthing centers, and Planned Parenthood sites. The Applicant could also consider hosting virtual "lunch-and-learn" webinars on venous diseases for women's health advocacy groups and organizations.

To reach and serve older adults, the Applicant can collaborate with senior centers, home health agencies, and long-term care providers to publicize the new vein care options and arrange transportation or ambulette services where needed. Communication and appointment reminders should meet the needs and preferences of older adults, including phone calls/mail instead of email/text as necessary.

The Applicant can draw on its proven track record in community outreach – especially its existing partnerships with five local FQHCs and the Citywide Colorectal Cancer Control Coalition (C5) – to ensure these services reach underserved populations more broadly. The Applicant can also leverage its existing relationships with primary care providers and OB-GYN practices to support access to colonoscopy screenings.

Finally, the Applicant should proactively reassure current gastroenterology patients that their care experience – and the clinical team providing it – will remain unchanged.

## 3. How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?

The Applicant should maintain open communication with staff, current and prospective patients, and referral sources to confirm the new services integrate smoothly into existing workflows and meet everyone's needs. Once approved, the Applicant intends to alert its physician and FQHC partners about the availability of the new services and to conduct a marketing campaign to ensure that the community is aware. These steps will keep all stakeholders informed, engaged, and empowered to shape the service as it grows.

## 4. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?

The project may address systemic barriers to care such as:

**1. High Cost of Care:** By providing services in a community-based setting, patients may experience reduced cost of care as compared to hospital inpatient or outpatient settings that may include facility fees and other costs.

**2. Administrative Hurdles:** The new access point in midtown Manhattan may improve wait times and scheduling bottlenecks while providing additional appointment options for patients.

**3. Transportation and Mobility Issues:** A community-based clinic accessible by subway/bus can reduce transportation barriers, particularly for older adults and other populations that need to rely on public transportation or caregivers for medical trips.

## STEP 4 – MONITORING

### 1. What are existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project?

The Applicant currently sends out a Press Ganey survey to all patients to get feedback on their experience at the facility. Clinical outcomes are documented and tracked monthly. The Applicant also internally tracks any adverse events and conducts a root cause analysis. All patients receive follow-up calls from clinical staff after each visit, during which they are encouraged to fill out the patient satisfaction survey.

### 2. What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?

The Applicant should partner with the vascular surgeons to develop appropriate clinical quality and safety metrics specific to the new procedures, such as 30-day vein occlusion rates, reintervention rates, and ulcer-free survival rates. Metrics should be stratified by age, sex, race/ethnicity, insurance type, and interpreter use to monitor health equity impact. Additional measures should be considered related to implementation, staff engagement, and workflows to ensure smooth integration and operation of the new services.

## STEP 5 – DISSEMINATION

The Applicant is required to 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: Is there anything else you would like to add about the health equity impact of this project that is not found in the above answers? (250 words max)**

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

## SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

*Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant, not the Independent Entity.*

### I. Acknowledgement

I, (Manhattan Endoscopy Center), attest that I have reviewed the Health Equity Impact Assessment for the (MECN VIP Medical) that has been prepared by the Independent Entity, (Sachs Policy Group).

Peter Kim, MD

Name

Board member

Title

Signature

7/30/25

Date

### II. Mitigation Plan

If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)

*Please note: this narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made.*

If the project is approved, Manhattan Endoscopy Center recognizes its responsibility to ensure that the addition of vein procedures does not create or exacerbate barriers to care for medically underserved groups identified in the Health Equity Impact Assessment. The Center will utilize its existing Charitable Care Program to mitigate any potential negative impacts and to ensure equitable access to services for all patients, regardless of their ability to pay.

Under this program, Manhattan Endoscopy Center designs community outreach and charity care initiatives to provide services on a periodic basis to individuals who do not have equal access to care, including those who are unable to pay for services or do not have adequate insurance coverage through no fault of their own. Charity care is defined as healthcare services that are provided without expectation of payment, and as such, these services are not recognized as receivables or revenue. This underscores the Center's commitment to equitable and inclusive care delivery, and this policy will be fully extended to the new vein procedures service line to ensure that all patients in need receive appropriate care.

The Center's education and outreach efforts are targeted to community health centers, adult community centers, patients, and Center visitors. These activities ensure that underserved populations within the primary service area are aware of available services, including vein procedures, and understand how to access them. The Center's Medical Director(s) and Administrator oversee and coordinate the Charitable Care Program to ensure effective implementation and integration into operational planning for all services, including the new vein procedures.

Manhattan Endoscopy Center performs annual notifications to community agencies regarding available services, which will now include the addition of vein procedures. In addition, the Center will establish specific days each month when services, including vein procedures, will be provided under the Charitable Care Program to eligible patients. This structured approach ensures predictability and accessibility for underserved individuals needing these specialty services. Documentation of education, outreach, and charitable care activities is maintained, including copies of sign-in sheets for educational events when applicable. Furthermore, the Center completes a quarterly report summarizing all services rendered under the Charitable Care Program, which is reviewed and approved by the Board of Managers to maintain oversight and accountability.

The Center will continue its strong relationships with local federally qualified health centers to ensure access to care for uninsured and underinsured patients requiring vein procedures. Patients referred from these community clinics will be treated under the Charitable Care Program to reduce barriers to care for medically underserved residents. Additionally, Manhattan Endoscopy Center will utilize a sliding fee scale for vein procedures for uninsured patients and those unable to pay, ensuring that services are provided equitably and patients are not excluded based on financial hardship.

Through these established policies and operational strategies, Manhattan Endoscopy Center ensures equitable access to care across all service lines, including the proposed vein procedures. The Center anticipates that the implementation of vein procedures will not disproportionately impact medically underserved groups. Instead, it will expand care options while maintaining a robust safety net for patients experiencing financial hardship. By integrating the Charitable Care Program into planning for the vein service line, Manhattan Endoscopy Center will continue to uphold its mission of equitable and inclusive care delivery, addressing social determinants of health, and reducing barriers for vulnerable populations.