SOMOS COMMUNITY CARE

From the desk of the CEO
Mario J. Paredes

In New York State, a transformation of healthcare for the poor

YET TO BE DISCOVERED by main stream media, a radical transformation of medical care for the most vulnerable Medicaid patients is under way in New York State. Now about to enter its fifth and final year, this groundbreaking innovation of publicly-funded healthcare comes with a forbidding title: the Delivery System Reform Incentive Payment (DSRIP) program. DSRIP may sound obscure, but its meaning packs a punch.

At the heart of DSRIP lies the formula of Value-Based Care; hospital systems and independent physicians participating in the program abide by Value-Based Payment or Pay-for-Performance provisions. That means that renumeration is linked to the longer-term health outcomes of patients—the better care they receive, the better the patients do, the more providers get paid.

This model stands in sharp contrast with the traditional Medicaid compensation system, which pays doctors for transactions—an office visit, a test, etc.—and which is prone to waste and fraud. Discreet medical transactions do not add up to holistic, comprehensive care, which is the great gift of DSRIP: patients are not merely treated for medical symptoms—their mental health and social circumstances are also considered as key factors affecting physical health.

In fact, increased focus on the so-called social determinants of health is emerging as a key component of healthcare reform around the country. The quality of a person's housing, employment, financial situation, education, etc. has a big impact on physical and mental health. DSRIP has put a premium on doctors being mindful of these dimensions of their patients' lives. That extra attention, that awareness of a patient's overall needs is at the core of DSRIP, and key to its success.

That success translates into flourishing lives for the most vulnerable patients in New York State; and for taxpayers there are enormous savings as patients are kept out of emergency rooms and hospital beds. The win-win situation is slated to produce savings of well over $12B—thanks to an at least 25 percent reduction in avoidable hospitalizations—by the spring of 2020, when the five-year DSRIP mandate is scheduled to end.

The DSRIP program is being executed by 25 Performing Provider Systems. With DSRIP year five set to begin April 1, 2019, the New York State Department of Health (NYSDOH) is marking the occasion with the publication of a dozen DSRIP success stories. These capture the experiences of more than a dozen Medicaid recipients whose lives have been touched by

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the program. NYSDOH Medicaid Director Donna Frescatore introduces the stories as "examples of healthcare transformation throughout New York."

There is the example of Orlando, who, suffering from end stage renal disease, ended up in the hospital ten times in a five-month period. He was put in the care of a PPS "Intensive Care Coordination Team," which helped Orlando keep his medical appointments to prevent visits to the ER. Significantly, the team also helped him obtain financial help to pay for rent and utility bills, removing a stress factor from Orlando's life that had contributed to his overall struggles. Today, faithfully showing up for his dialysis sessions, he has been admitted to the hospital only once in a 19-month period.

Matthew, a 55-year-old man, was suffering from asthma, diabetes, congestive heart failure and other ills. He had not been showing up for the bulk of his medical appointments. He was spotted during one of his regular visits to the ER by a Community Health Worker (CHW) working for a PPS. The CHW not only helped Matthew keep his medical appointments by handing him over to a care management support program, she also helped him on the way toward getting stable housing.

Six months after connecting with the CHW, Matthew is keeping all his appointments and his been back to the ER only once. Again, the DSRIP formula integrated medical are in a model that also addressed Matthew's urgent social needs, in his case housing.

Sensitivity to language and culture are also DSRIP touchstones. Such was the case of a Spanish-speaking mother and her young son, an asthma sufferer. They had been to the ER for the eight time in a year, when the connected with a PPS CHW, who could speak Spanish. The woman could tell her story of coming up against a language barrier at school, where she felt her son was not getting proper medical and psychological care. The CHW joined the mother for a meeting with the school counselor and psychologist to address the issue. The language barrier had kept her from making headway on that front.

Plus, the CHW came to the family home to demonstrate the proper use of an inhaler; the CHW also made sure that the son became eligible for nutritional services to deal with his obesity. Overall, culturally competent care opened the door to better health. The son, who routinely missed medical appointments before the CHW took charge, no keeps his appointments and his health has greatly improved.

The DSRIP stories also illustrate how the program is tackling the opioid crisis by helping doctors in the program obtain Drug Addiction Treatment (DATA) waivers, which allow them

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to prescribe buprenorphine for opioid addiction; the goal for the various PPSs is to enable all doctors to do the same. Promoted by public awareness campaigns, youth and adults are offered counseling to address psychological issues that go hand-in-hand with addiction. And, of course, addicts are often unemployed and homeless, social determinants of health that also get addressed under the DSRIP treatment umbrella.

Fundamental to the success of DSRIP are relationships of trust that are being established between patients and their families, on the one hand, and doctors, their staff and Community Health Workers, on the other. Add to that the vital supporting role of Community-Based Organizations that tackle the full range of social determinants of health, from behavioral factors to education and even criminal justice issues.

Among the 25 PPSs in New York State, SOMOS Community Care stands out as the only PPS that is operated by a network of independent physicians, 3,000 of them at present—serving more than 600,000 patients in New York City, most of them from minority backgrounds. The other PPSs are run by massive hospital-based systems, which by their very nature face challenges in establishing personal relationships of trust between providers and patients. Those relationships are key to the doctor-patient bonds built up in the SOMOS network, whose providers—most of them primary care physicians—are emerging as today's incarnation of the family doctors of old.

What's more, the majority of these doctors are based in the very communities they serve. These doctors—aided by their staffs and SOMOS cadres of Community Health Workers—go the distance in getting to *really* know their patients, becoming familiar with all their circumstances, medical, social, and mental. That intimate knowledge holds the key to Value-Based, superior care for the poor. The DSRIP success stories tell the tale.
There is no doubt that in the wake of the conclusion of the DSRIP program in 2020, its innovative formula of cost-saving, yet comprehensive and holistic, superior care will spawn medical entities of various stripes, for-profit and non-for-profit. Each will be committed to Value-Based Care as the wave of the future in healthcare reform—reform that is good for patients and doctors alike.

To read all the DSRIP success stories, please click here.