



From the desk of the CEO
Mario J. Paredes

Neighborhood-Based Primary Care holds great promise for health-care reform

AGAINST THE BACKDROP of the continued political battle between Democrats and Republicans over the future of the Affordable Care Act, a new approach to providing quality, comprehensive healthcare to the neediest patients has been taking shape. Neighborhood-Based Primary Care (NBPC) seeks to rehabilitate, reiterate, and renew the role of the community-based family doctor—the primary care physician as the trusted figure in the neighborhood who truly knows all the needs of patients and their families.

The concept of NBPC was borne out of the experience of SOMOS Community Care, a network of 2,500 independent providers in New York City—the great majority of them primary care physicians—serving a population of more than 700,000 of the city’s most vulnerable Medicaid patients. The success of SOMOS after four years of operation is measured in part by the reduction by 36 percent of preventable hospital readmissions and a 34 percent drop in preventable visits to the emergency room.

That accomplishment—driven by the professional dedication of SOMOS neighborhood-based doctors—delivers millions of dollars in savings for New York State taxpayers. It clearly demonstrates that improving healthcare is not a matter of more spending; rather, effective health-care reform depends on how the money is spent. The US already leads other industrialized nations in per capita spending on healthcare but with disappointing results in the quality of care for the country’s poorest citizens.

SOMOS has entered its fifth year as a so-called Performing Provider System (PPS) mandated by the Delivery System Reform Incentive Payment (DSRIP) program, which was launched in 2015 by the New York State Department of Health (NYSDOH). At the core of DSRIP is the Value-Based Payment or Pay-for-Performance formula. Value-Based Care means that physicians get compensated not on the fee-for-service, transactional basis of the traditional Medicaid model, but according to the longer-term health outcomes of patients. The healthier the patient, the greater the earnings for the doctor.

SOMOS ‘practice transformation’ teams help medical practices to become the nerve center of Patient-Centered Medical Homes (PCMHs), to ensure optimal, quality care. The American College of Physicians describes PCMH as a “care delivery model whereby patient treatment is coordinated through their primary care physician to ensure they receive the necessary care when and where they need it, in a manner they can understand.” SOMOS’ doctors, moreover, share the ethnic, cultural and linguistic background of the largely Hispanic,



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African-American and Chinese-American patient population; these doctors also work in the neighborhoods where their patients live.

SOMOS's success revolves around strengthening the role of the neighborhood doctor, who is enabled in various ways to give patients optimal attention. SOMOS Community or Neighborhood Health Workers (CHW) make home visits and inform doctors and their staff about particular factors in the home that may affect a patient's health; CHW's also ensure that patients keep their appointments. Practice staff are trained to free up physicians from time-consuming electronic health record keeping, which is also a distraction during the one-on-one doctor-patient consultations—precious time when authentic relationships of trust can be established. The foundation of that trust is the doctor's intimate knowledge of the patient's circumstances.

A key dimension in evaluating a patient's needs is to consider the Social Determinants of Health (SDH), non-medical factors that impinge on an individual's health. These include housing and environmental issues, employment, safety, education, food, etc. SOMOS experience has clearly shown the importance of the primary care physician being mindful of SDH in the lives of their patients. For example, a low-income patient living in a low-income neighborhood faces challenges to attaining and maintaining good health and overall well-being; there may not be access to healthy foods; mold and rodents may pose health risks in the home.

That awareness of the social dimension is missing from traditional publicly-funded healthcare models in the US, which is one of the key differences between the US health-care system and that in other developed nations. Taking SDH into account does not require extra spending, but a heightened awareness on the part of doctors and their staff of non-medical conditions that affect their patients.

Jason Helgerson, the former Medicaid Director for NYDOH and the main architect of DSRIP, has called on doctors to become genuine community leaders; their charge includes calling together Community-Based Organizations (CBOs) that tackle SDH to create joint medical-social strategies for the neighborhood; primary care physicians are also given the responsibility of putting their patients in touch with CBOs that address their particular social needs. The NBPC model formalizes this structure of leadership and collaboration.

The new, enhanced role of the primary care physician will ensure that Neighborhood-Based Primary Care delivers holistic, comprehensive quality care for patients—care that meets their medical, mental/emotional and social needs. The Primary Care Physician is in the



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driver's seat of creating a culture of health in his or her neighborhood. Thus, NBPC—sustained by both public and for-profit decision-making—holds the promise of offering quality care to the most vulnerable Americans, without the need for still more spending.

It has been the great blessing of DSRIP to give SOMOS—the only physician-led PPS—the opportunity to rediscover the vital role of the Primary Care Physician and help create a new national movement promoting NBPC. That the model can work wonders is at the heart of the vision of SOMOS Founder and Chairman Dr. Ramon Tallaj, the leader and spokesperson of the NBPC movement. He has already demonstrated the effectiveness of NBPC by harnessing the work of 2,500 neighborhood doctors of various cultural and ethnic backgrounds—all working in unison to create a culture of health in their various neighborhoods.

This coming June, SOMOS's first annual conference—entitled “Neighborhood-Based Primary Care: An Innovative Organizing Principle for Healthcare Delivery”—will give the NBPC movement its formal start. Physicians, Community-Based Organizations, and policy-makers, all are invited to begin looking at Medicaid-sponsored healthcare through a new prism.