SOMOS COMMUNITY CARE

DY3

YEAR IN REVIEW

// April 1, 2017 - March 31, 2018

“**SOMOS COMMUNITY CARE** is now nearly 3,500 providers strong, including more than 2,500 primary care physicians.”

Mario J. Paredes
Chief Executive Officer

To Our Valued SOMOS Community Care Partners,

It is the start of year four of our shared journey together. As DSRIP has passed by the halfway mark, there is much to look forward to, much to reflect upon, and much news to share.

We are an upstart, unlikely, and wholly different physician-led network. We share with you a deep sense of satisfaction with our work to-date. We are looking forward to continuing every positive achievement reached in our mission of transforming health care for New York's most vulnerable residents – and building on them as we grow. We begin our fourth year with gratitude for our achievements, and excitement for the challenges and opportunities that lie ahead.

Before we walk you through the past year and pivot forward, a word on our new name: Advocate Community Providers is now SOMOS Community Care.

As we grew, we selected a name and brand that more closely reflects our organization. SOMOS, meaning "we are" in Spanish, is also now paired with the Tree of Life symbol, which has deep significance within the Chinese community. Taken together, this represents the unity of two of the key populations we serve each day. We are community care, and strive to always be recognized by the Tree of Life which signifies that help is here.

Today, SOMOS Community Care's roughly 150 staff members – combined with a strong network of diverse health and advocacy experts, including community leaders, service providers, strategists, vendors, partners, and collaborators – are working together to transform health care to better serve New Yorkers through a transformative shift to Value Based Payment (VBP).

VBP is a key precept of DSRIP. Our imperative is to increase quality and drive down costs. It is by adapting to VBP, which replaces a fee-for-service culture with reimbursements for overall quality of care, that we will truly meet the road and fulfill our mission.

Throughout a period of growth, we continue to be guided by our founders, Dr. Ramon Tallaj and Dr. Henry Chen, whose tireless dedication to our communities drives our efforts. We also are very grateful for a successful first year with our new fiduciary partner, Montefiore Medical Center – an organization that shares our devotion to community health, and will help us achieve better health outcomes for the communities we serve.

We have much to be proud of, and thankful for, as our network demonstrates its critical role in aiding in the wellbeing of our patients and in the health of our communities. Highlights include:

- SOMOS Community Care is now nearly 3,500 providers strong, including more than 2,500 primary care physicians.
- SOMOS has distributed about $35 million to physicians and specialists. A total of roughly $68 million has been distributed overall.
- SOMOS is receiving and analyzing patient data from New York State, EHR partners, MCOs, and is now connected with the Regional Health Information Organization (RHIO), allowing SOMOS to receive clinical event notifications for patients attributed to our providers.
- We have established key relationships with Arcadia, SalesForce/Silverline, MDLand, and Evolent Health, among many others, to overhaul and improve our network's technological capacities.
- Our cohort of 65 Community Health Workers (CHWs) are out in our communities, supporting our patients, network providers and physicians, and community-based organizations to improve patient care and outcomes.
- Our Patient-Centered Medical Home (PCMH) team transformed 895 unique provider and practice PCMH level 3 certifications by December 31, 2017, a DSRIP requirement that also enhances quality and efficiency.

Above all, thank you to our devoted network of independent physicians and providers who contribute so much to aid the underserved men, women, and children of New York City. Together, we are united in our quest to transform patient care, providing high quality, comprehensive, culturally-competent and responsive care that creates healthy communities for New York's vulnerable residents.

Sincerely,

Mario J. Paredes
Chief Executive Officer

SOMOS Community Care

DY3 Year in Review

Transformation was more than just an objective for DSRIP Year 3, it was the force with which Advocate Community Providers moved through the year. With approximately 150 staff members and a robust network of health care experts, consultants, and collaborators, our once small Performing Provider System has matured from a start-up to a thriving organization vested in affecting change in the most vulnerable communities in New York City.

One of the most notable transformations occurred in the form of our name change. **Advocate Community Providers has evolved into SOMOS Community Care** – a name more reflective of who we are, and those we represent in Manhattan, the Bronx, Queens, and Brooklyn.

A key theme among our programs, initiatives, and projects was the shift from reporting to performance in preparation for Value Based Payment (VBP). With more than 3,500 physicians and partners providing patient-focused, culturally-competent care to more than 650,000 Medicaid beneficiaries, we took proactive and successful steps in preparing our network for the changes to come.

SOMOS Community Care saw vast improvements to its infrastructure in DY3 through the development of vital relationships with Arcadia, SalesForce/Silverline, MDLand, and Evolent, to name a few. With the assistance of our Operations, Compliance, Legal, and Communications teams, we successfully and smoothly transitioned to a new fiduciary in Montefiore Medical Center who shares our strong bonds over community health education goals, and improving health in lower-income, immigrant-rich communities. The Workforce and Cultural Competency and Health Literacy (CCHL) work streams continue to provide our network with the knowledge and skills necessary to succeed. SOMOS continues to engage physicians, patients, and the communities we serve through the execution of several important projects and programs with our valued partner organizations.

While we are confident in our ability to adapt to the internal and external forces, and the growing challenges we face in the final two years of the DSRIP program, we continue to learn from past experiences, and strongly focus our efforts to prepare our network physicians and providers to thrive in the post-DSRIP environment. SOMOS Community Care leadership is confident and excited for what lies ahead for our organization, our employees, our providers, our community-based partners, and our patients. While there is much work to do, let us reflect on the successes of this past year.

Engagement and Outreach

In DY3, we've adjusted our lens to further focus our attention on SOMOS' network of physicians, providers, and partners who are the backbone of Medicaid transformation in our communities. With a proactive approach, and in response to the shift to preparing for VBP, we have launched major initiatives in anticipation of those changes to increase quality and efficiency within the organization, and across the SOMOS network. The end of DY3 introduced a vital and exciting relationship with Evolent Health, aimed at bringing greater value to the SOMOS provider network and the patients they serve. This relationship helps advance DSRIP goals through building an infrastructure that enables providers to continue to be successful during and after DSRIP.

In DY3, SOMOS responded to challenges unique to our large, physician-led PPS by reorganizing to advance our training and workforce goals in preparation for VBP success. Workforce resources were allocated to support the vital objectives of the SOMOS Workforce Strategy. DY3 training efforts impacted 2,544 staff members at provider practices in our network. SOMOS Project Managers, Practice Transformation representatives, CCHL specialists, CHWs, and PCMH coordinators all worked tirelessly on the ground, engaging network practices and patients alike.

As part of this company-wide restructuring, our Physician Engagement staff are now part of integrated Practice Transformation teams, and all their historical functions are being performed as an integral element of supporting our practices in both their DSRIP performance and their preparation for VBP. Moving forward, Practice Transformation representatives will be increasingly trained to have an even greater impact on our network, with a broader focus including closing care gaps, improving workflows, and coordinating with other supporting entities (e.g., PCMH vendors, IT).

As we continuously move towards the future of VBP, there is increased focus on the CCHL needs of our practices to ensure overall success. In DY3, the SOMOS CCHL strategy – focused on the improvement of verbal and written communication, and the encouragement of patient self-management – took form and was put into action in network practices. Health literacy tools like "Teach Back" and "Ask Me 3" have been implemented to increase patients' understanding of their health conditions, in turn empowering them to take charge of their health. The CCHL team has taken the Stanford Model Self-Management Program – an evidence-based workshop for chronic disease self-management – throughout New York City, working closely with 327 network patients in 2017. CHWs and Workforce leads were trained and certified as Stanford Model trainers in DY2, and completed follow-up training conducted through a contracted agreement with a prominent Tier 1 CBO, Health People.

Building on progress made during DY2, SOMOS' CHW program created opportunities for community engagement, and increased awareness and knowledge of health resources in our network communities. Throughout DY3, community engagement teams were hard at work arranging health education events on a variety of topics parallel to SOMOS' population health projects.



Some of those events included health seminars on managing chronic diseases, mental health training, community health fairs, and DASH nutrition seminars where SOMOS Vice President of Communications Denisse Oller, discussed the effects of obesity and how to reduce the risks of chronic conditions by adopting the DASH Diet.

Some of the most engaged community events took place at pop-ups all over New York City where children exercised in exchange for books as part of a growing partnership with community-based organization (CBO) Get Focused. Through continued implementation of the Community Based Organization Partnership Program (CBOPP), CBOs were engaged through formalized contractual agreements totaling roughly $196,000, and non-contracted CBOs contributing to the success of our DSRIP projects received roughly $974,000 in Funds Flow incentive payments.

The SOMOS Communications team tackled the arduous tasks of transitioning to a new fiduciary in Montefiore Medical Center, shifting from Advocate Community Providers to SOMOS Community Care, and rebranding the entire organization while working to ensure both external and internal communications were handled efficiently. Rebranding efforts brought with it a redesign of the SOMOS Community Care website, somoscommunitycare.org, which jumped from about 50,000 page views in DY2, to more than 84,200 page views in DY3. The SOMOS rebrand also drives continued development of our social media channels – Facebook, Twitter, LinkedIn, and YouTube – and ongoing earned media stories to increase the visibility of SOMOS' mission throughout New York City. With more than 100 original blog posts to date, the SOMOS Community Care blog continues to provide a forum for SOMOS leadership like Chief Medical Officer Dr. Diego Ponieman, MD MPH to write about timely, relevant health topics.

Communications continues to support all SOMOS departments by creating English, Spanish, and Chinese materials including a "Visit Your Doctor" campaign created to reach all patient demographics in our network. The campaign was comprised of four types of videos professionally produced in English, Spanish,

Mandarin, and Cantonese, resulting in 16 video PSAs strategically disseminated to reach broader audiences through our social channels. The "Visit Your Doctor" campaign is set to stretch out even further in the fall of 2018.

Clip from one of the "Visit Your Doctor" campaign videos

Developing Infrastructure

During DY2, our organization took a dramatic step forward by putting into place the infrastructure necessary to allow our organization to grow successfully. In DY3 we look forward to continuing to work off this progress, as well as implement many of the strategies and plans that were in the beginning stages of development.

Since the addition of Tonguc Yaman as Chief Information Officer, SOMOS has seen tremendous growth in its IT department. A key focus over the last year has been on improving SOMOS' internal systems to facilitate and improve employee satisfaction, and aggregate and leverage new projects and relationships.

Working to create a united IT strategy, a key milestone was met through the new relationship established with Optimus Health Analytics. This relationship allowed us to identify numerous IT and clinical initiatives across all business lines, utilizing these technological efficiencies to create a unified network. Another exciting relationship came with the Bronx Regional Health Information Organization (RHIO). This relationship allows SOMOS to receive clinical event notifications for patients attributed to our providers. Along with these emergency department notifications, SOMOS is in the process of incorporating Continuity of Care Documentation (CCD) available through Bronx RHIO from all NYS Health Information Exchange participants. This would allow providers to access the clinical notes for these ED visits. SOMOS' relationship with Bronx RHIO is vitally important as it allows SOMOS network practices to receive alerts from all New York City and New York State RHIOs. It works in tandem with the ED Triage and Care Transitions Intervention Model to ensure patients have and keep follow-up visits with their PCPs; driving preventive care and potentially lowering the chance for hospitalizations in the future.

Additionally, over the course of DY3, we saw continued progress through our relationships with Arcadia, SalesForce/Silverline, and MDLand, who are all working to give our employees, physicians, and practices access to the technology they need to keep our patients healthy.

Our Finance team had several major undertakings in DY3, including completing a final operating budget and ensuring balanced funds for the remainder of DSRIP. Some finance highlights included the development of a Funds Flow model for DY2, coordinating the change of SOMOS' fiduciary, and the transition of financial reporting, records, and treasury functions, along with continued efforts to monitor the fiscal health of our providers and partners through our annual Financial Sustainability Survey.

At the core of the Finance department's responsibilities is the allocation of funds to participating network providers. SOMOS has distributed approximately $68 million in Funds Flow incentive payments from its inception to date. In addition, we have provided $2.3 million in financial resources, assisting network physicians reach NCQA (National Committee for Quality Assurance) certification. This has helped the PCMH team transform over 522 practice sites to PCMH level 3 NCQA certification; totaling over 890 unique provider and practice certifications. This exceeds the DSRIP-mandated number of 828 certified physicians.

SOMOS' Compliance department is responsible for creating and maintaining written policies and procedures as mandated by the New York State Office of the Medicaid Inspector General (OMIG) – key to keeping our organization running smoothly. Some highlights included internal risk assessments for all business areas including Finance, Workforce, Human Resources, Governance, and Operations, several OMIG-mandated compliance trainings, and guiding SOMOS through an external audit of accounting and auditing standards. Our Legal department provided key support during this year's major contract negotiations and transitions – also integral to our organization's advancement – while remaining compliant with all necessary legal, regulatory, and DSRIP requirements.

Projects and Relationships

Throughout DY3, SOMOS engaged in numerous programs, projects, and relationships to provide the resources and tools patients need to take control of their health. Continuing off the success of many of these programs from DY1 and DY2, SOMOS met, or exceeded, the majority of DSRIP project goals for DY3.

The last year has shown considerable progress and improvement in data, connectivity, information sharing, and reporting capabilities – the focus of SOMOS' **Integrated Delivery Systems** project. The increase in PCMH certifications and support has made it possible for physicians to meet target goals more efficiently. Our relationship with Arcadia – a data analytics platform – has made care gap reporting more easily accessible to network physicians. Work plans are in place to make Arcadia available to over 300 practices in DY4. Additionally, the VBP Pilot Programs have seen major accomplishments by executing and implementing five contracts with MCO partners, with one pending approval. These contracts blanket about 120 practices, and represent a pivotal step in SOMOS' continued transformation post DSRIP.

Health Home At-Risk Interventions Program continued to make progress in identifying and supporting patients who suffer from progressive chronic diseases and are at risk of developing a secondary condition, but who do not yet qualify for the state's Medicaid Health Home program. Through continued partnerships with the Queens Coordinated Care Partners (QCCP) and Center Health Care (CentersLink), we continue to gain key insights in helping to create a workflow and process to ensure patients are connected to the social support services they need.

The Emergency Department (ED) Triage for at-Risk Populations Program continued to work to reduce preventable emergency department use by identifying and addressing the root causes of unnecessary visits – a key area of DSRIP's larger goals. In keeping with last year's success, the ED Care team saw a steady increase in follow-up appointment volume in DY3. Initial reporting shows a 25 percent increase in follow-up appointments – 35,000 in total. SOMOS is on track to exceed their increased goal of follow-up appointments for DY3 – a notable accomplishment given the struggle to achieve patient engagement goals. Part of this success is due to the continued successful partnership with Jamaica Hospital, and processes implemented to ensure follow-up appointments are made and kept. SOMOS has also partnered with Montefiore's ED for a Medicaid Accelerated exchange (MAX) Series project, aimed at reducing ED admissions for high-utilizer opioid patients.

Care Transitions Intervention Model, a program that works to reduce 30-day readmissions for patients with chronic conditions, exceeded its DY3 patient engagement goal. SOMOS Community Care has continued its successful relationship with Rapid Care Solutions (RCS) that provides 30-day transitional care services to ensure patients are stable upon discharge and receive all the services they need at home. We also continue to work with RCS's hospital partner, Medisys, putting processes in place to ensure all patients discharged have a follow-up appointment with their PCP, and providing comprehensive care management services to patients at high risk of readmission.

The main goal and aim for the **Integration of Primary Care and Behavioral Health Program** is to integrate health and primary care services to reduce costs due to preventable hospitalizations, and increase behavioral health awareness and access to care.

SOMOS COMMUNITY CARE
DATA FLOW

ELECTRONIC HEALTH RECORDS
- eCW Client /Server
- eCW Cloud
- MDLand
- Other EMRs
- Clinical Patient Data

MANAGED CARE ORGANIZATIONS
- Wellcare®
- Fidelis®
- Healthfirst®
- Affinity®
- Anthem®
- United®

- NY State Medicaid Data

HEALTH INFORMATION EXCHANGE
- Bronx RHIO

- Provider Demographic Data

DATA SOURCES

- Care Gaps
- Roster
- Rx
- Claims
- Census
- RISK
- ED Discharges

DATA TYPES

EXTERNAL PARTNERS

- Amazon Web Services

All Data Storage
Optimus Cloud-Only Solution
Powered by Amazon Web Services

DATA AGGREGATION

DATA NORMALIZATION & TRANSFORMATION

- Optimus Population Health Suite
- Arcadia®
- Evolent Identifi™
- Salesforce®

CORE SYSTEMS

IT SYSTEMS & INFRASTRUCTURE

- Clinical Documentation Improvement
- Montefiore® Care Mgmt
- DSRIP Reports
- Engagement
- Funds Flow
- Performance
- Quality Measure Sets
- Eligibility Measurements

DECISION SUPPORT

- Patient Centered Medical Home
- Care Management
- Practice Transformation
- Finance
- Value Based Payments
- Executive

INTERNAL CONSUMERS

PROVIDERS | STATE | REGULATORY | PARTNERS

EXTERNAL CONSUMERS

OPERATIONS

In DY3, the Behavioral Health Team continued its work with Centro Medico de Las Americas for Dr. Chung's Behavioral Health Framework, a pilot program focused on identifying the challenges primary care practices face when integrating behavioral health. In an effort to support Centro Medico de Las Americas as much as possible, the team conducted over ten weeks of training for the office staff on screening and identifying patients with depression, anxiety, and other substance use symptoms.

To best equip employees, the Behavioral Health project team trained both SOMOS transformation teams, as well as primary care staff, on the 14 Behavioral Health Performance metrics, screening tools, and proper documentation protocols. Currently, there are 29 social workers assigned to 32 network practices. The Behavioral Health team continues to work diligently to engage our partners in prioritizing SOMOS referrals.

The **Evidence-Based Strategies for Cardiovascular project** aims to bring down rates of cardiovascular disease among SOMOS Community Care populations. The Cardiovascular team is on track to meet the Million Hearts campaign goal – a five-year initiative co-led by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS). The team continues to facilitate the Stanford Model of educational seminars and peer leader training, connecting patients to CBOs. SOMOS Practice Transformation teams assist physicians in blood pressure control training, implementing these practices to meet high-performance objectives.

SOMOS' **Diabetes Management in High Risk/Affected Populations** project aims to help diabetic patients manage their disease. The project team is especially focused on giving patients the tools they need to self-manage their chronic disease. In DY3, they worked in tandem with SOMOS Workforce leads to coordinate Stanford Model Self-Management workshops for high-risk patients at network practices citywide. The Diabetes team also works closely with PCPs to ensure they are trained to monitor diabetic patients' electronic health records, which allows providers to remotely track their patients' clinical metrics.

The **Implementation of Evidence-Based Medicine Guidelines for Asthma Management projec**t faced challenges in achieving patient engagement targets, but in DY3 explored new relationships with CBOs such as St. Mary's Hospital and the Queens Asthma Coalition in order to provide training to CHWs and practices. The trainings, serviced by a certified asthma educator, focused on medication adherence, prevention, and follow-up.

The **Tobacco Cessation** project identifies and educates tobacco users about cessation therapies utilizing the Chronic Disease Prevention team's hotspot data to target community engagement campaigns, including a "Talk to Your Doctor About Tobacco" initiative. In DY3, Practice Transformation teams were trained by the New York State Smoking Quit Line on educating providers on how to electronically refer patients to the Quit Line, allowing for tracking and reporting of referral outcomes. A handful of SOMOS employees have also been trained by the American Lung Association to be Facilitators for Freedom from Smoking (FSS). They are now on the road to receiving a Train the Trainer certificate from the American Lung Association.

The **Chronic Disease Preventive Care and Management project** aims to provide targeted access to disease screening and prevention methods to SOMOS' populations. The project team targets "hot spots" throughout New York City – areas where the population has particularly high rates and are at risk of chronic disease – with health education seminars, fairs, and nutrition workshops. A key strategy of the Chronic Disease Prevention project team is SOMOS' adaption of the DASH Diet. DASH is an award-winning diet plan proven to reduce the risk of stroke, heart disease, heart failure, and diabetes, and has been adapted to fit the budgetary constraints and culinary preferences of the multi-ethnic communities we serve.

From improving adherence to chronic disease management and supporting the creation of treatment plans to tobacco education and overseeing care transition and follow-up care, SOMOS' **Care Management** team plays an intricate role in supporting all of SOMOS' projects and initiatives. Besides participating in the Medicaid Accelerated eXchange (MAX) Series with the ED Triage for at-Risk Populations program, the team launched SOMOS' Buprenorphine (BUPE) Initiative, instituted to empower primary care physicians to treat opioid use disorder in the primary care setting. Working diligently with SOMOS Chief Medical Officer Diego Ponieman, MD MPH, the Care Management team is helping educate network practices on Screening, Brief Intervention, and Referral to Treatment (SBIRT) – an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

Continuing off its immense success in DY2, the **DASH Nutrition Plan** program – spearheaded by Vice President of Communications Denisse Oller in conjunction with the CHWs and the Care Management team – had another productive year. In addition to several training workshops held for SOMOS employees throughout the year, the team produced a series of educational nutrition videos. The videos – available on the SOMOS YouTube page – cover a variety of topics including diabetes, hypertension, and obesity, and feature several members of the SOMOS staff explaining the nutrition plan in English, Spanish, Cantonese, and Mandarin.

The DASH Nutrition Plan program has been successful in educating NYC's communities through workshops in network practices and CBOs, as well as public schools and community centers citywide. Patients learn about behavior modification, what foods to and not to eat, how to appropriately read nutrition labels, and even have the chance to sample delicious and easy DASH-compliant recipes. Multilingual health education on the DASH nutrition plan, as well as nutrition blog posts written by Denisse Oller, can be found on the **SOMOS DASH Blog** – a DASH Nutrition Plan page part of the broader **SOMOS Community Care Health Blog.**

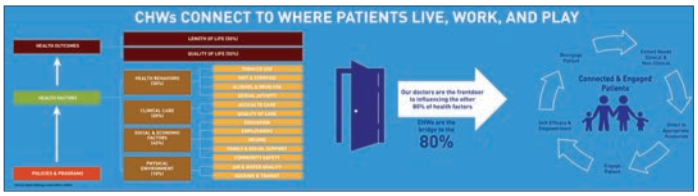
SOMOS Community Care looks forward to using past experiences and knowledge, and leveraging all relationships to exponentially advance its growth as an organization in DY4.

Two SOMOS Community Care teams were selected by DSRIP to present at the **2018 NYS DSRIP Annual Learning Symposium.** The symposium provides PPS' an opportunity to share experiences with DSRIP colleagues around the state, and to learn about the different approaches to meet common challenges

BUPE Poster

The other team, who presented on **Primary Care Providers and Community Health Workers: Partners for Healthcare Innovation and Transformation** included Vice President of Workforce, Community and Government Relations **Moises Pérez-Martínez**, Director of the CHW Program **Miriam Mejía** (left), CHW **Ariel Rivera-Díaz** (center), and former Director of Cultural Competency and Health Literacy **Migna Taveras-Greene** (right).

Chief Medical Officer **Diego Ponieman, MD MPH** (left) and Director of Care Management **Martine Baron** (right) presented on **BUPE Innovation in Primary Care: Empowering Primary Care Providers to Treat Prescription Opioid Use.**



A close-up of the CHW chart

“**SOMOS** has distributed about $35 million to physicians and specialists. A total of roughly $68 million has been distributed overall.”

Key Relationships

arcadia HEALTHCARE SOLUTIONS

evolent HEALTH

CHINESE COMMUNITY 美華醫療聯盟 ACCOUNTABLE CARE ORGANIZATION

EXCELSIOR MEDICAL IPA

CORINTHIAN MEDICAL IPA

healow Health And Online Wellness

ECAP

MDLand

eClinicalWorks

Optimus Health Analytics

salesforce

SOMOS COMMUNITY CARE

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