DY4

Year in review

APRIL 1, 2018 - MARCH 31, 2019

somos

Dr. Ramon Tallaj
SOMOS Founder and Chairman

To Our Valued SOMOS Partners,

As we enter the final year of DSRIP, there is so much to reflect upon, and much news to share.

SOMOS continues to be the only multicultural physician-led network of health care providers serving hundreds and thousands of New Yorkers. We are truly unique and are looking forward to continuing every positive achievement reached in our mission of transforming health care for New York's most vulnerable residents. We begin our fifth year with gratitude for our achievements and excitement for what lies ahead.

Since 2015, health care in our state has been undergoing a transformation. In just five years, we have made progress, but, there is still much work to be done in revamping neighborhood-based primary care. During extremely tough and uncertain times for healthcare, good work must be able to flourish, especially for our lower-income communities. That is why we have been calling on Governor Cuomo and policymakers to extend the Delivery System Reform Incentive Payment (DSRIP) program.

DSRIP was created to fundamentally improve New York's Medicaid system through a series of robust reforms that incentivize better patient health to lower the need for costly hospital visits. New York's investment in our work gives the providers and partners in our network the tools to address the persistent health disparities in diverse communities and immigrant neighborhood.

As a physician who is also the leader of SOMOS, a nonprofit, physician-led healthcare network focused on providing culturally competent care to a diverse, almost exclusively Hispanic, Asian, and African American population of nearly 700,000 New Yorkers across the city, I can attest that SOMOS ensures forgotten communities are receiving the highest quality of primary and specialty care. SOMOS is saving the state and nation millions of dollars.

Today, SOMOS' ~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 fulfill our mission.

Our network has demonstrated its critical role in aiding in the wellness of its patients and in the health of our communities. Highlights:

- Our network of more than 2,500 talented and culturally-competent physicians and providers is now serving more than 700,000 Medicaid patients.
- We serve nearly 200,000 Chinese patients and over 500,000 Latino patients across the city.
- Since inception, SOMOS has distributed $79 million to providers.

- SOMOS recently joined key partner The Garage, to improve our network's technological capacities.
- SOMOS released the State of Latino Health, a historic, visionary report that includes the first ever city-wide poll of Latino patients and their health care providers.
- SOMOS officially launched its WeChat messaging and social media account, aiming to bridge health care disparities faced by Chinese immigrant communities.
- The Value-Based Payment Innovator designation has given us the tools we need to help the state transition to a system of Value Based payments meaning doctors are reimbursed for the total health of a patient, not service by service.

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. We have truly proven that community doctors are the true agents of change. 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 most vulnerable residents.

The future of healthcare is in our hands and the vitality of our network in this movement to strengthen the role of the family doctor is part of that promise which only together we can deliver.

Sincerely,

Dr. Ramon Tallaj
SOMOS Founder and Chairman

Mario J. Paredes
Chief Executive Officer

Dear Colleagues,

It is a great pleasure to present in accordance with our organization's bylaws and the recommendation of the Delivery System Reform Incentive Payment (DSRIP) program—the fourth SOMOS Annual Report, covering DSRIP Year 4, the period from April 1, 2018 through March 31, 2019.

As we are entering the final year of the DSRIP program, we can look back with great pride and joy to a year in which SOMOS powerfully demonstrated its ability to meet all the major DSRIP milestones. We amply earned the trust of the New York State Department of Health as well as the trust of our doctors, whose earnings last year were largely pegged to pay-for-performance standards. We put our doctors in the optimal position to succeed—earning incentive payments as they provided New York City's poorest Medicaid patients with excellent comprehensive care.

The DY4 annual report, anchored by major presentations from the Operations and Finance Departments, highlights an impressive series of SOMOS achievements in the past year. These include progress in the areas of clinical work, communications and media engagement, IT, business development, and regarding the focus on the social determinants of health as significant factors impinging on individuals' physical and mental health.

We thank the New York State Department of Health for giving SOMOS a chance to prove its mettle as a DSRIP Performing Provider System; gratitude is also due to Dr. Tallaj, Dr. Chen and the SOMOS Board of Directors for the confidence they have shown the SOMOS team of young, dedicated professionals committed to the well-being of more than 700,000 of our city's most vulnerable residents.

Finally, much thanks and credit go to SOMOS' fiduciary partner, Montefiore Medical Center, which, at a critical juncture, lent a steadying hand by helping SOMOS maneuver the complexities of the healthcare industry in New York State and by making sure SOMOS operations had sound financial footing.

Congratulations to all!

Sincerely,

Mario J. Paredes
Chief Executive Officer

Henry Chen, MD
SOMOS President

Our Dearest Partners,

Since 2015, SOMOS has become a leader in DSRIP and one of the highest performing ACOs in New York. Our multifaceted network of primary care physicians and specialists have followed a roadmap of organization, empowerment and innovative thinking to create more access and greater transparency for our community.

SOMOS doctors have taken risks and disrupted an archaic, entrenched system. This hasn't been easy. We are immigrants and small business owners. We have known every step of the way that this industry was not setup to take care of us, our practices or our patients.

Despite every obstacle, SOMOS has persisted and succeeded as a physician-led network of more than 2,500 healthcare providers serving over 700,000 Medicaid beneficiaries in New York City. As the first physician-led group to achieve exclusive Innovator Status, SOMOS is uniquely positioned to prosper through shared savings.

Additionally, we launched a WeChat account to create a hub for the Chinese community to access timely health information, free services, and culturally competent health care in their native language. With more than half a million Chinese Americans living in New York City alone, we need to do better in communicating with patients where they socialize, which is why we are committed to ensuring that the SOMOS WeChat channel successfully connects our community with much-needed resources and information to improve health outcomes.

The Chinese and Latino communities are growing in numbers and prosperity. SOMOS was designed for us to finally lead ourselves and take the future of our people, our industry and our city into our own hands. The future is now bright, but many challenges lay ahead for our community. We are at an important moment in the history of our community and we believe that the SOMOS story will inspire you.

Sincerely,

Henry Chen, MD
SOMOS President

DSRIP Projects

Starting at the beginning of DY4, SOMOS decided to take a radical approach in our organizational structure, to try improve the quality of service we offered to our providers. There was an idea, by removing silos and embracing what makes our PPS truly unique, we could bring an unprecedented level of service that our providers have not seen before. This idea led to the restructuring of our Community Health Workers (CHW), Physician Engagement Specialists (PES) and Population Health Managers (PHM) into new a new team we call, Practice Transformation Team. Teams were created to utilize our cultural diversity; our ability to speak the language of the provider and of the patients is what separated us from other PPSs. In addition, the Partner Support (PS) team continues to engage with specialists, Behavioral Health Organizations, Health Homes, Pharmacies, Skilled Nursing Facilities and community-based organizations to help provide the best quality health care service to our patients.

The Health Home At-Risk Intervention Program has successfully exceeded the patient engagement number for this project by double. Through close work between the **Care Management (CM)** Department and the Partner Support (PS) team we have provided comprehensive care management services to the at-risk population and connected them to the appropriate community services. Along with the Behavioral Health Care Management (BHCM) team, we finalized the Care Management Manual and referral processes to standardize and align them into a unified SOMOS Care Management workflow; describing best practices for a comprehensive Care Management program we have set its core elements and the systems necessary for an effective CM Program utilizing centralized electronic documentation and tracking through eClinical Works and Salesforce. The Health Home at Risk PM and Care Management Manager worked to collaborate with different Health Plans to help identify the high-risk SOMOS patients that are also their members, on a monthly basis receiving a list of patients categorized as high utilizers based on diagnosis and hospital visit rates.

SOMOS has implemented various strategies to increase awareness and education around **Tobacco Cessation.** Our evidence-based protocol has been updated for assessing tobacco use and implementing tobacco use cessation therapies. These protocols also stipulate criteria on how, when and whom to perform screening exams as well as who to provide with preventive care and education. Additionally, we have created culturally and linguistically sensitive educational material that target the population we serve. In the beginning of the year we continued our Tobacco campaign through social media and community engagement. Through our social media campaign, SOMOS Twitter and Facebook accounts display facts about smoking and secondhand smoking and provide resources to NYQuits. Additionally, SOMOS Practice Transformation staff were trained by NY Quits Line on creating portals for providers to effectively manage referrals to NY Quits Line.

The goal of the Implementation of **Evidence-Based Medicine Guidelines for Asthma Management project** is to implement evidence-based medicine guidelines for asthma management. Within this implementation there are strategies and milestones that work attached to education of patients and physicians' practices. As we move towards VBP (Value Based Payment) we are now aiming to reduce preventable asthma crisis along with improving asthma management. We have engaged a total of 39,161 patients for the project in the first two quarters of DY4. Also, we have been working on closing care gaps for Asthma Medication Ratio (5 - 64 Years), Medication Management for People with Asthma (5 - 64 years) - 50% of Treatment days covered, Medication Management for People with Asthma (5 - 64 years) - 75% of Treatment days covered; where for these metrics we have touched and completed a total of 2,035 patients.

SOMOS has achieved its engagement goals for DY4Q2 for the **Cardiovascular project.** We reported from 421 practices and others (Medisys and Adabbo), where we have already obtained 140,355 which represent 73% of the total patients needed for our total goal of 191,503 for Q4. We have also been developing a tracker for all the Cardiovascular patients with high blood pressure, and patients with high blood pressure without the diagnosis of hypertension. This data is being obtained directly from SOMOS network providers EMRs. The goal of this tool is to assure that our network providers maintain good coverage on the different cardiovascular metrics for value-based payment to care.

SOMOS has achieved its engagement goals for DY4Q2 on the **Diabetes Management in High Risks/Affected Populations project.** We reported from 421 practices and others (Medisys), where we obtained 74,006 engaged patients from the goal needed of 133,821; which represent 55.3% half way for Q4. For the Diabetes performance metric (Dilated Eye Examination), we have been working with the organization ASPIRE, which supports SOMOS in closing the gaps for our network practices. We track the Hemoglobin A1C values of all the diabetes patients of the SOMOS network. These Hemoglobin A1C values haves been obtained directly from the EMRs and the laboratories we have been partnering with. This tool allows our network providers to maintain good coverage on the difference diabetes metrics for value-based payment. It is also used to refer to patients that have history of uncontrolled HbA1c values to our Care Management team, and those patients that have uncontrolled values plus more chronic diseases to be referred to the Health Home at Risk department.

The Integration of Primary Care and Behavioral Health Program is designed to reduce costs due to preventable hospitalizations. Throughout 2018, the Behavioral Health team exceeded our required engagement numbers by nearly double, ensuring that all patients within our network are properly screened for Depression and Substance Use, and those screened positive receive follow-up care. Over the past year, we worked diligently to engage all of our Behavioral Health Partners to streamline services for SOMOS' primary care providers to improve the quality of care that our patients receive and prevent gaps in care. We have worked with partners like Long Island Consultation Center, Metropolitan Center for Mental Health and Arms Acres to expedite the referral process by linking the partners directly with physician offices to respond to behavioral health needs. Our partners receive referrals for patients identified as needing mental health and/or behavioral health services by prioritizing SOMOS referrals, conducting intake within 48 hours and providing a summary of care to the referring PCP.

Data Highlights: Exceeding the DSRIP Mandate

SOMOS Delivers Patient-Centered, Socially-Responsible, Community-Based Care

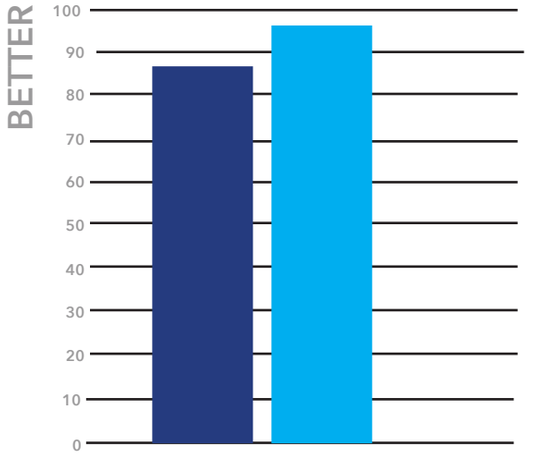
Patient-centeredness is fundamental to our model of care. In our network of practices we employ a highly patient-centered process for modifying patient behavior and raising health literacy. This approach holds the key to both preventive care and timely intervention, so that chronic conditions can be treated early, controlled or cured altogether. Our origins have been, and our future organizational efforts will be fundamentally centered on achieving optimal health for the most vulnerable patients. Our commitment to leading, innovating and transforming community-based care endures post-DSRIP.

According to the preliminary Measurement Year 4 results released by NYSDOH on July 12, 2019, SOMOS has outperformed other PPSs by successfully:

- Reducing preventable hospital readmissions by 14%
- Decreasing pediatric hospital admissions for children by 9%
- Decreasing hospital use among young adults (18-39 years old) with a principal diagnosis of asthma by 26%
- Reducing preventable Emergency Room visits for patients with behavioral health diagnosis by 12%

SOMOS Meets Patients' Expectations

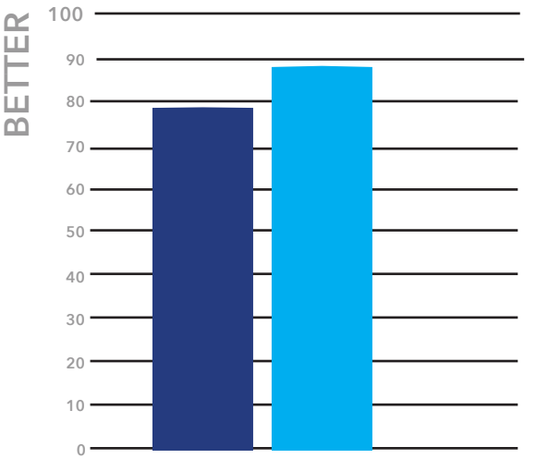
Access to Primary Care



Patients prefer SOMOS Providers as their source of care

PPS Overall	86.89%
Advocate	92.74%

Health Literacy



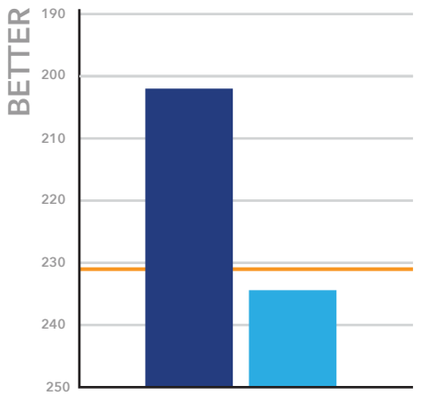
SOMOS Providers usually or always ask patients to describe how they would follow instructions for caring for illness or health condition.

PPS Overall	79.42%
Advocate	85.97%

Adult Medicaid Program CAHPS® 3.0 Clinician and Group Survey Continuous Quality Improvement Report DSRIP Measurement Year 3 March 2018.

SOMOS Continues to Reduce Avoidable Hospital Use

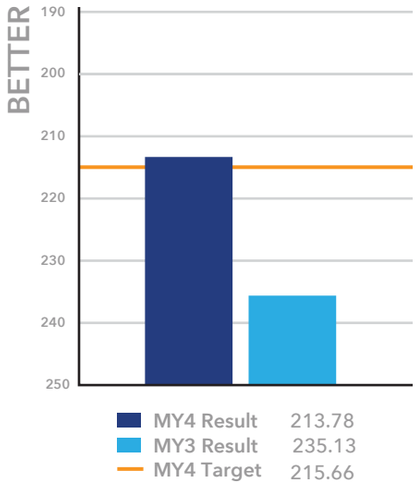
Potentially Preventable Readmissions ±



MY4 Result	203.86
MY3 Result	236.97
MY4 Target	231.34

SOMOS continues to reduce avoidable hospital readmissions by fostering higher quality of care and more stability for patients, as they transition into the community.

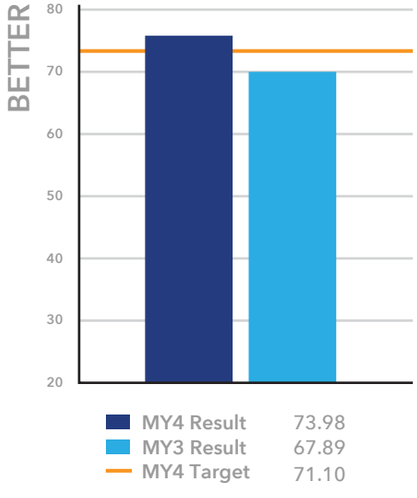
Pediatric Quality Indicator # 90 (Overall Composite) ±



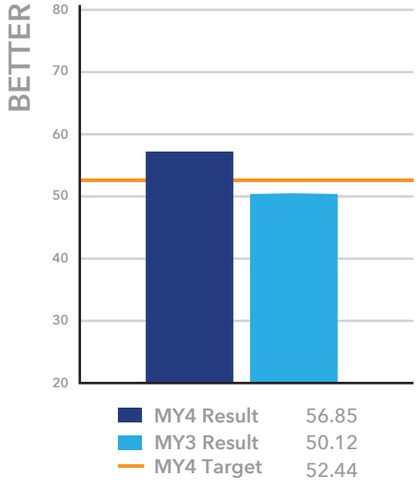
SOMOS has improved the quality of preventive care provided to children in the community and increased care plan compliance. This has improved overall wellbeing and quality of life for both: parents and children, and lead to a reduction in avoidable hospitalizations, as our performance result in the 'Pediatric Quality Indicator # 90' metric demonstrate.

SOMOS Successfully Addresses Prevalent Chronic Conditions in Our Communities

Statin Therapy for Patients with Cardiovascular Disease -Received Statin Therapy

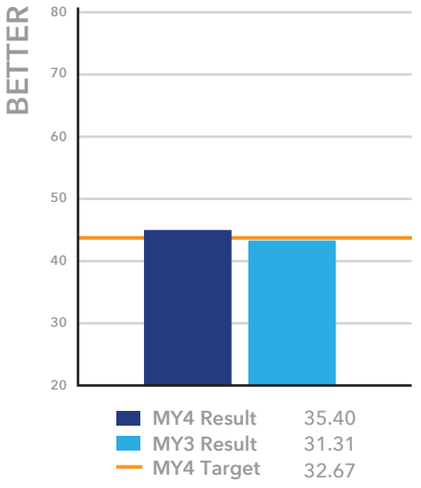


Controlling High Blood Pressure

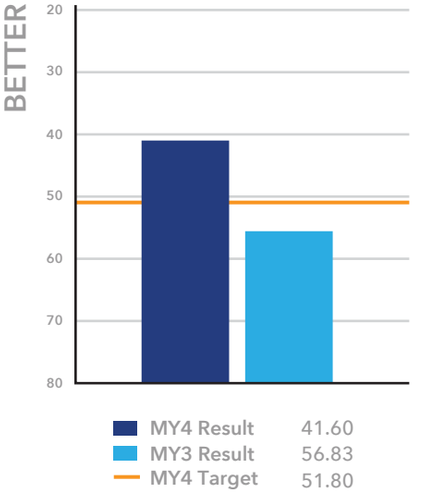


Through the implementation of its Cardiovascular Diseases Project, SOMOS has helped patients with high cholesterol by prescribing and dispensing medication, as demonstrated by our performance result in the 'Stating Therapy for Patients with Cardiovascular Disease – Received Statin Therapy' metric. Similarly, SOMOS has continued to control high blood pressure among adults diagnosed with hypertension, as it is shown by the 'Controlling High Blood Pressure' quality metric.

Medication Management for People with Asthma (5 - 64 years) - 75% of Treatment days covered



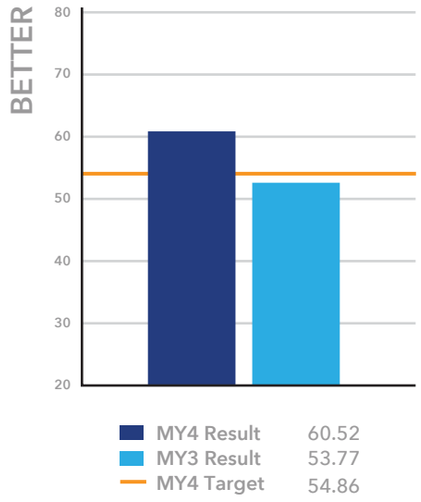
Prevention Quality Indicator # 15 (Asthma in Young Adults Admission Rate) ±



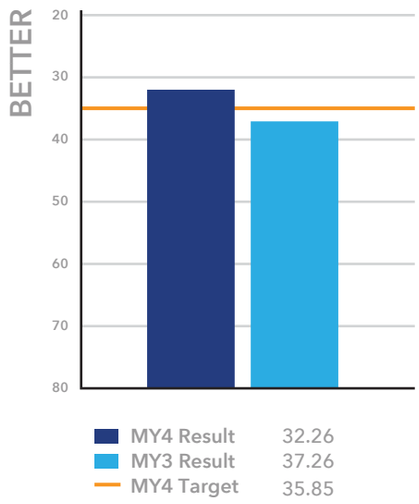
± goal is to reduce, thus we pass with results below target
Source: Medicaid Analytics Performance Portal DSRIP Dashboards

SOMOS' Asthma Project has made tremendous improvements in the quality of care for the population struggling with asthma. Medication adherence has significantly improved among asthmatic adults and children, as shown in the 'Medication Management for People with Asthma (5 - 64 years) - 75% of Treatment days covered.' Medication adherence has reduced asthma exacerbations and in turn lead to a decrease in asthma related avoidable hospitalizations among young adults (18 – 39 years old), as shown by the 'Prevention Quality Indicator # 15 (Asthma in Younger Adults Admission Rate) ±' metric.

Comprehensive Diabetes screening – All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)



Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) ±



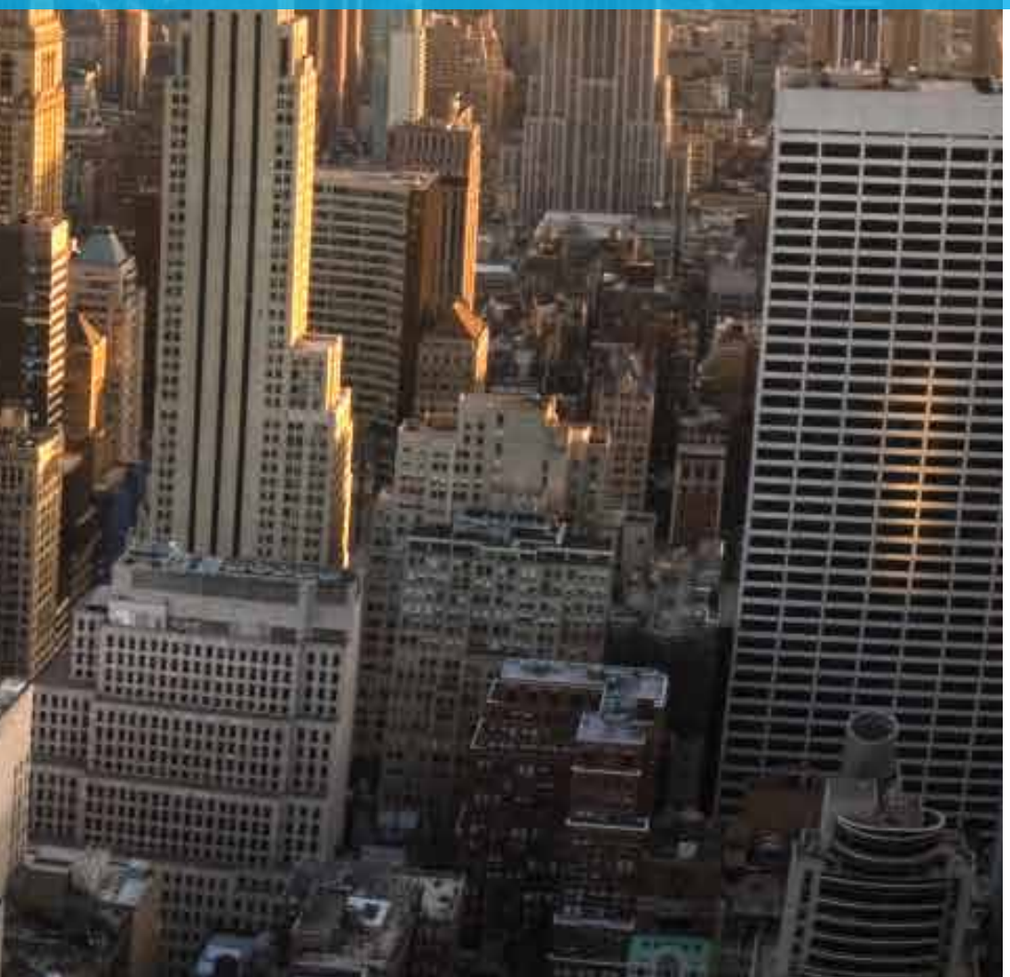
4 MRR Metrics Passed (according to preliminary results for MY4 by CareSeed)

± goal is to reduce, thus we pass with results below target

Source: CareSeed Harvesting Rate Report

Additionally, SOMOS' Diabetes Project has improved diabetes care and management, which are essential for controlling blood glucose and reducing risks for complications. This is demonstrated by SOMOS meeting the target for the 'Comprehensive Diabetes screening' and Comprehensive Diabetes Care' quality metrics.

We are your doctors
SOMOS tus médicos
我們是您的醫生

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COMMUNICATIONS

Department Overview

The Communications Department is tasked with promoting the profile of the organization's brand and efforts to close disparities in health among underserved communities by formulating and executing effective brand awareness campaigns as well as mobilizing internal and external support. The team oversees planning for news conferences and public facing events, including site scouting, arranging for branding collateral to be displayed at an event in the media and preparing executives for press interviews.

The office manages the organization's website, blogs, and social media. The department oversees media relations, including writing and distributing news releases and responding to media inquiries. In addition to conveying the organization's message and efforts to external audiences, communicators are also responsible for internal and corporate communications, which includes designing newsletters, journal ads, and fliers as well as working with the Compliance and HR departments to formulate workplace policies, announce information about corporate activities, benefits and trainings.
influencers

Digital Projects

Website & Intranet Development - The SOMOS website and intranet has been recently transformed and redesigned with SOMOS branding assets. Additionally, features have been added such as a practice and physician directory and locator that allows patients to search for SOMOS providers. The website has an updated carousel slider which lives on the homepage and is aligned with our citywide multilingual branding campaign, which also incorporates the State of Latino Health, and when completed, will include the State of Chinese Health.

Instagram - In January 2019, SOMOS launched an Instagram account to reach social media savvy thought leaders, elected officials, patients, community leaders, influencers, providers and partners. The Communications Department continues to develop and implement a robust social media strategy to effectively communicate to the organization's various audiences and grow its follower bases, by increasing SOMOS visibility and impact in social media as an influencer.

WeChat - The organization officially launched its WeChat messaging and social media account, aiming to bridge health care disparities faced by Chinese immigrant communities. The WeChat account provides public updates on local health fairs and community events; spreads Chinese-language health education resources; and helps connect patients to Chinese-speaking doctors that practice in their local communities. WeChat is the world's leading Chinese-language multipurpose messaging and social media platform boasting over a billion monthly users worldwide. WeChat users can subscribe to the official SOMOS account, receive real-time updates and health information, as well as connect them to their neighborhood Chinese-speaking health care provider.

Key Public Announcements

Physician Group Reaches New Value Based Payment Contracting Designation
SOMOS was the first and only physician-led, community-based IPA to be designated as an Innovator under Medicaid's Value Based Payment (VBP) Roadmap, a key component to the Delivery System Reform Incentive Payment Program (DSRIP). The designation provided the tools SOMOS needs to help the state transition to a system of Value Based payments meaning, doctors are reimbursed for the total health of a patient, not service by service.

The State of Latino Health
With over eight million New York and National Media impressions, SOMOS released the first-of-its-kind study survey of Latino patients and health care providers in New York City, which details a growing crisis in access to care and health education and health perception challenges faced by millions of Latinos living largely in poverty. The historic report concludes with solutions based in education and policy to guide health professionals and government leaders towards a healthier future for New York's rising population.

Governor Cuomo Announces Expansion of Liberty Defense Project to Provide Enhanced Immigration Legal Services
In partnership with New York State Governor Cuomo and Project Golden Door, SOMOS announced a collaboration to bring critical physical and mental health services to unaccompanied minors from the US-Mexico border and undocumented families. SOMOS offers healthcare interventions, which include screening examinations to determine physical and behavioral health needs. Special attention will be given to the behavioral health component, especially trauma-related symptoms and consequences.

SOMOS Offers to Send 200 Doctors to the Border
In light of the death of migrants detained at the US-Mexico border, SOMOS Founder and Chairman Dr. Ramon Tallaj sent a letter to President Trump and then Homeland Security Secretary Kirstjen Nielsen on behalf of over 200 Spanish-speaking doctors from New York City willing to donate their health care services and cultural expertise to the federal government at the border.

Unique Partnership with New York's Largest Multicultural Physician-Led Network Integrates Multiple Risk-Management Programs into a Single Platform
SOMOS, the Garage and Optimus announced a partnership to seamlessly increase and optimize care quality and operations across multiple high-risk management programs through one unified platform.

The Health Care Power 50
SOMOS Founder and Chairman Dr. Tallaj was named one of the 50 most powerful leaders in New York's healthcare community by City & State, the leading media company covering government and politics in New York.


#BEHIV
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State of Latino Health

Introduction

The State of Latino Health is a historic, first-of-its-kind , city-wide study in New York. The study, which included research and a poll, was conducted among nearly 1,000 Latino physicians and Latino patients seeking to better understand how, after decades of top-down efforts designed to bring health care to underserved Latinos, persistent disparities and a feeling of invisibility remains. Furthermore, this study seeks to outline the biggest and unique health care challenges facing millions of New York's Latino population today and outline the solutions needed to fix them and provide a way for policymakers to learn from the doctors themselves.

The "Latin American Boom" of the 1970s brought an influx of Latinos to New York City. Over the next 40 years the new arrivals kept coming. Today, more Latinos live in New York than in any other U.S. city. Some 2.4 million Latino New Yorkers make up nearly 30% of the city's total population, and the numbers continue to grow. But for a strong and healthy future, this vibrant Latino community hailing from all corners of the world needs access to quality health care. Severe disparities exist for extremely complex and, in many cases, unexpected reasons, and barriers between patients and better care exist in unexpected places inside and outside the community.

Health Deserts

The Migration Policy Institute profiled regions across the country in 2015 and found some 500,000 undocumented immigrants living in the five boroughs. According to a 2012 Carnegie Mellon University study, Latinos in New York City who are undocumented immigrants are strikingly vulnerable. They are:

- Hospitalized at least 50% more frequently than the insured for "avoidable hospital conditions" like pneumonia and uncontrolled diabetes
- More likely to be diagnosed with later-stage cancer than individuals who are insured
- Less likely to visit the doctor for prenatal care for uninsured pregnant women, and as a result, their newborn infants have a 31% greater risk for adverse health

High Risk

- Eight out of the 10 highest-risk communities are concentrated in the Bronx. In many of these districts, more than half of children are living in poverty. Well-being in Manhattan looks drastically different in adjacent communities, with over 48% of East Harlem children living in poverty compared to less than 7% on the Upper East Side
- Infants in Brownsville, the highest-risk community in terms of health, are over three times more likely to die before their first birthday than those in Borough Park, which has the lowest risk
- In Jamaica/Saint Albans, Queens, the rates of students passing reading and math tests are half those of the neighboring community to the north, Fresh Meadows/ Briarwood. The high school graduation rate is also 14 percentage points lower in Jamaica/St Albans than in Fresh Meadows/Briarwood
- The rate of families entering homeless shelters is seven times higher in Bedford-Stuyvesant, Brooklyn, compared to Fort Greene/Brooklyn Heights, its neighbor to the west. The share of households spending 50% or more of their income on rent is also much higher, at nearly 30% in Bedford-Stuyvesant compared to close to 18% in Fort Greene/Brooklyn Heights.

500,000

undocumented immigrants live in the five boroughs*

*According to a 2012 Carnegie Mellon University study.

State of Latino Health:
Overcoming Cultural Stigmas

32%

THINK THAT LATINO MENTAL HEALTH IS UNHEALTHY COMPARED TO THE GENERAL POPULATION

Ignoring Mental Health

Mental health is a key to overall well-being. Mental health includes our emotional, psychological, and social well-being. The state of one's mental health affects how one thinks, feels, and acts. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. The burden of behavioral and mental illness varies across New York City and reflects patterns of racial discrimination and socio economic challenges. People living in New York City's low est-income neighborhoods are twice as likely to be hospitalized for mental health illness compared to those in the most affluent neighborhood similar among Latinos and non-Latinos. However, Latinos have a higher prevalence of serious psychological distress (SPD) than non-Latino adults. SPD is a measure of sadness, nervousness, restlessness, hopelessness, and low self-confidence. Puerto Ricans and Dominicans are also more likely to experience SPD than non-Latino adults. According to the Department of Health and Mental Hygiene, 8% of Latinos report experiencing serious psychological stress compared to 5% of non-Latinos.

Among the ways this distress may manifest itself is in drug and alcohol abuse. Opioids, for example, are involved in 80% of unintentional drug overdose deaths. Latinos have a higher rate of unintentional overdose deaths compared with non-Latinos. Among Latinos who died of a drug overdose, almost two-thirds are Puerto Rican. U.S.-born Latinos are over five times more likely than Latinos born outside of the U.S. to die from an unintentional drug overdose.

Excessive alcohol use, including binge drinking, is linked with high-risk behaviors and chronic health problems. Latinos have an overall lower prevalence of drinking than non-Latinos, but a slightly higher prevalence of binge drinking. The prevalence of binge drinking among Latinos in New York City is 18% compared to 17% of non-Latinos. The disparity is wider among high school students: 10% of Latino high school students have gone on a drinking binge compared to 7% of non-Latinos.

Results

There is a wide perception gap between Latino patients and their physicians over what constitutes good health.

33% of Latinos don't think people in their community get the healthcare they need, and 61 percent of providers think that Latinos face unique barriers that keep them from accessing health services.

While a majority of Latinos think they are healthy, their doctors disagree by vast margins. This prohibits a culture of preventive care and early treatment.

45% of Latinos say they are healthy, but 54% of health care providers say they are not.

Immigrants interviewed stated that language barriers kept them from telling their health care providers all of their symptoms – leading to unnecessary emergency room visits, avoidable crises and uncontrolled chronic conditions.

44% of Latinos see a lack of cultural understanding by health professionals as a major barrier, compared to 79% of their health care providers.

43% of Latinos see lack of Spanish speaking or translation services as a major barrier, compared to 69% of providers.

Too many health problems are going untreated in the Latino community. Smoking, asthma, obesity, diabetes, and hypertension are prevalent problems but health education has not kept up and health education materials are often not available in Spanish.

13% of Latinos recognize that obesity is a problem getting worse, compared to 40% of providers.

Mental health and substance abuse challenges are stigmatized and remain taboo to discuss, going undertreated or even untreated.

32% of health care providers think that Latino mental health is unhealthy compared to the general population.

In addition: 62% of Latinos think cost is a barrier to access for themselves, and 84% of providers think cost is a barrier to access for Latinos. 47% of all Latinos in NYC think the cost of health is getting worse (54 percent of US-born, and 38% foreign-born Latinos think the cost of health care is getting worse).

Key Findings

- Most hospitals, even in heavily populated Latino neighborhoods,do not employ full or part-time medical interpreters
- Hospitals utilized untrained individuals, including strangers or patient family members, whose language skills had not been assessed. Hospitals frequently used unqualified, dual-role interpreters (bilingual staff whose primary job is not interpretation). Their errors can lead to negative health outcomes, civil rights violations, and malpractice suits
- Hospitals do not utilize consistent training, testing, and certification methods for interpreters. In some cases, individuals performing interpretation are only required to self-attest to their language abilities.
- All hospitals surveyed cited cost as the primary barrier to improving language assistance services, and almost all hospitals in the study would hire full-time interpreters if they received additional financial support for language assistance services.

Transforming the System, Becoming Visible Better Care, Lower Cost: Valuing Overall Health

Over 1.3 million Latinos are on Medicaid in New York State. It is an incredibly complex system that benefits close to 6 million

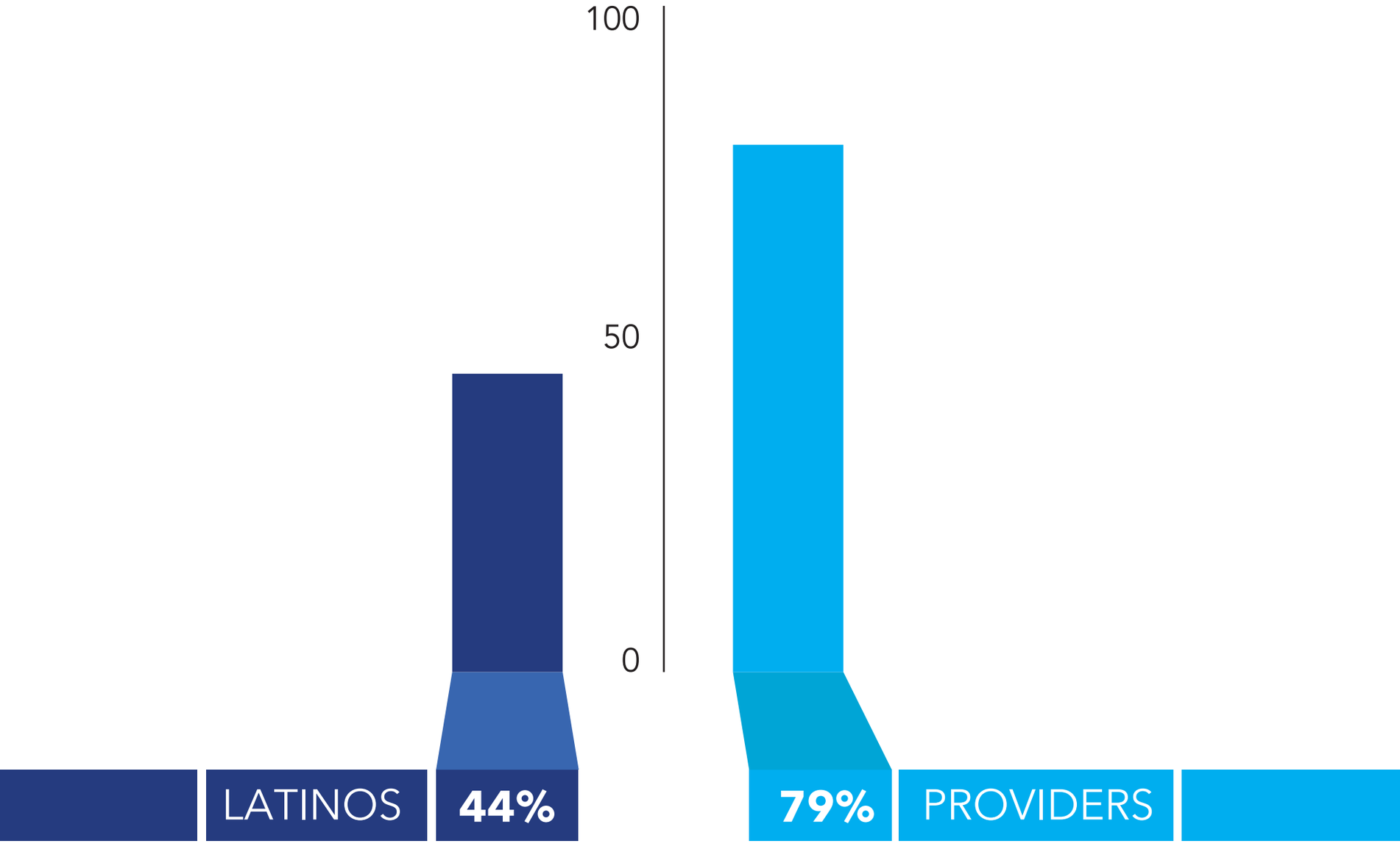
New Yorkers every year overall and costs the state over $60 billion. But the system is uneven and impersonal and has been shown to leave patients confused and consistently moving from provider to provider – or using the emergency room as primary care for simple answers on their health care.
Traditional forms of delivery incentivize volume versus results. For poorer and less educated patients, those who work nontraditional hours or in low-wage jobs, or the undocumented and the uninsured, this has meant forgoing preventive care and not accessing care except in a crisis – or using a hospital emergency room as a primary care resource, at great cost to the state.

Right now, nearly all health care providers are paid based on the amount of services they provide to patients – meaning the more they see patients, the more money they receive regardless of results. This model squarely puts providers – hospitals, primary care physicians, specialty providers, pharmacies, urgent care, etc. – at the center of health care, instead of patients. It has also taken care out of the community and has broken the trusting, long-term relationships between a family – usually several generations – and their doctor.

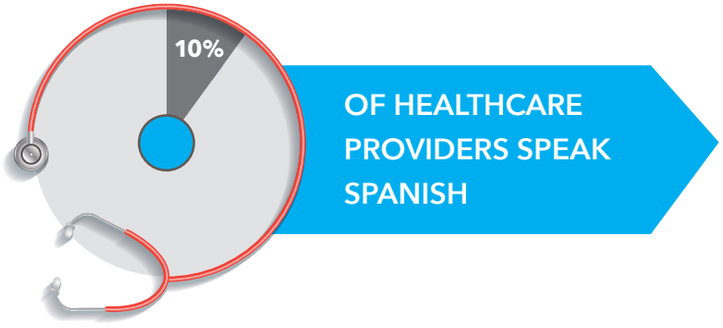
+1.3 million Latinos are on Medicaid in New York State.

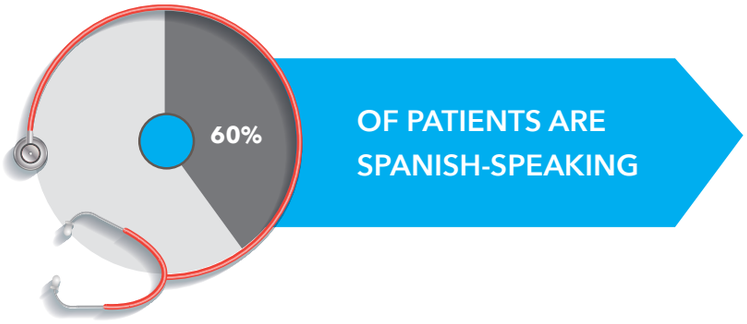
Barriers to Healthcare Access

See lack of cultural understanding by health profesionals as major barrier



Barriers to Health Care Access in the Bronx



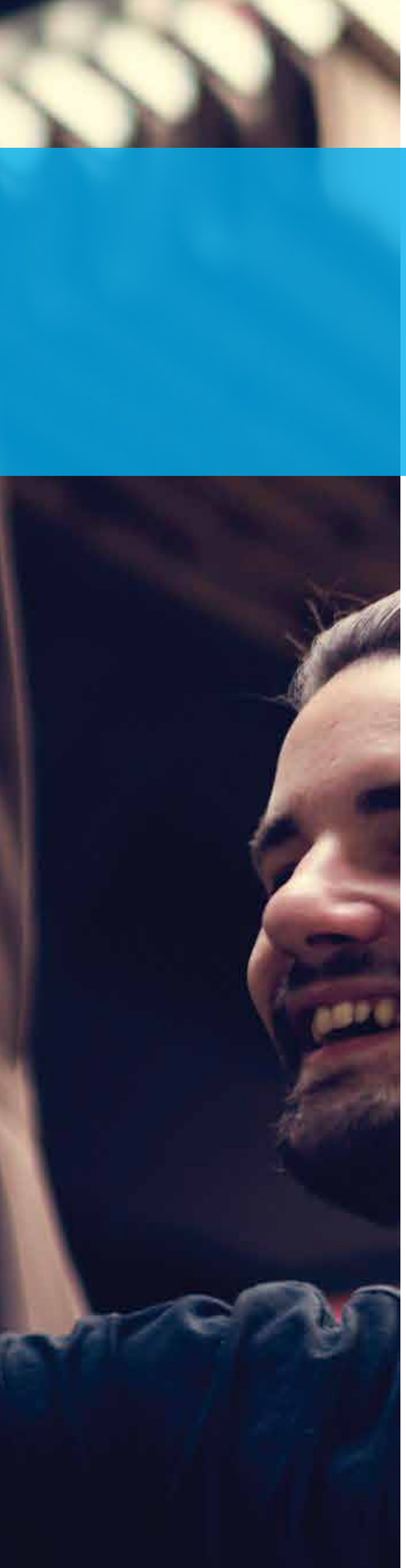


Think cost is a Health Care Barrier for Latinos

Workforce, Community and Government Relations

Moving Towards Universal Social Determinants of Health Screening at the Medical Practice

As part of the Social Determinants of Health (SDH) implementation process two documents were developed a pre-screening tool to determine SDH patient's needs and a poster was displayed in the medical practices to facilitate SDH referrals. The poster and screening tool were piloted in 24 clinics in the Bronx and Washington Heights. The distribution was jointly conducted by SOMOS and contracted CBOs. Dr. Goris Medical Practice and Academy Medical already started the referral process using the pre-screening tool.



Department Overview

The Workforce, Community and Government Relations department is responsible for oversight of programs and initiatives in workforce and training, community and patient engagement and cultural competency and health literacy, which includes addressing Social Determinants of Health, Chronic Illness Self- Management programming, and food and nutrition education and training.

Cultural Competency and Health Literacy Initiatives

Stanford Model Program (Self-Management Resource Center) Workshops
Engaging patients in self-management of their chronic disease is an important step toward improving health outcomes and reducing the cost of health care. SOMOS offers a comprehensive, evidence-based, chronic disease self-management program for patients with diabetes. Originally developed by Stanford University, SOMOS employees, trained and certified as SMRC Peer Leaders partner with SOMOS network providers and lead workshops. The program is free to patients as part of New York State's DSRIP Program. The Stanford Model is a chronic disease self-management initiative to engage patients in their care. Each workshop covers:

- Techniques to deal with problems such as frustration, fatigue, pain, and isolation
- Appropriate exercise for maintaining and improving strength, flexibility, and endurance
- Appropriate use of medications
- Communicating effectively with family, friends, and health professionals
- Nutrition

Since the program was launched in 2017, SOMOS has:

- Continued implementation of the Stanford Model self-management program for patients with chronic illness.
- A total of 427 patients across the network have been enrolled.
- 25 workshops in total have been completed.
- 15 different site locations in the Bronx, Queens, and Manhattan.
- Hosted programs in English, Spanish and Chinese.
- Implemented the Patient and Family Advisory Committee (PFAC) in 2018 to continue patient support after the completion of a self-management workshop.

Cultural Competency and Health Literacy Training

- 13 CCHL trainings were hosted at medical practices in the SOMOS network.
- 100 medical practitioners have been trained in researched based health literacy techniques.
- A series of on-going CCHL Trainings are scheduled for Spring, Summer and Fall of 2019.

Community Health Fairs

The organization held community health fairs in the Fall of 2018 at Hostos Community College and The George Washington Educational Campus to discuss the unique health challenges facing Latinos, as outlined by the recently released State of Latino Health in New York City (SOLH). The panel discussion was followed by a community health fair, offering families free health screenings, flu shots, food demonstrations, giveaways, and activities. The panel discussion and health fair were spurred by the release of the SOLH's first-ever, city-wide survey of Latino patients and health care providers in New York City, which details a growing crisis in access to care and health education and health perception challenges faced by millions of Latinos living largely in poverty.

“Testimonials”

“Thank you for all the health information. Great community project!”
“Very Informative and educational. Will attend these events in the future”
“This health fair was one of the best I’ve attended.”

Activities included:

- Get Focused
- Food demonstrations
- Face painting
- Balloon art
- Art projects
- Giveaways
- Produce Bags
- DJ
- Vegan Dominican Food

Collaborated with the following community vendors:

Just Food – A NYC based food justice CBO who brings in community chefs that host plant-based food demonstrations.
Happy Healthy Latina - A Latina women who hosts food demonstration on how to make traditional Latin food plant-based.
Get Focused – Similar to a traditional book fair, this is a unique program that uses exercise as currency for youth populations.
New Settlement Projects - A community garden based in The Bronx who hosts youth-oriented food demonstrations.
Brotherhood Sister Sol - A CBO based in Washington Heights who hosts youth-oriented food demonstrations.
Next Stop Vegan – A Vegan Dominican food operation owned by Bronx native, Blenlly Mena.
P1nk Rain – A spoken word performance company raising awareness about mental health through poetry and art.
La Canasta - A Bronx-based nonprofit that distributed $15 food bags which included items like fresh produce and grains.
Thrive NYC – NYC’s first lady’s initiative to bring mental health resources to New Yorkers


somos

NETWORK DIVERSITY

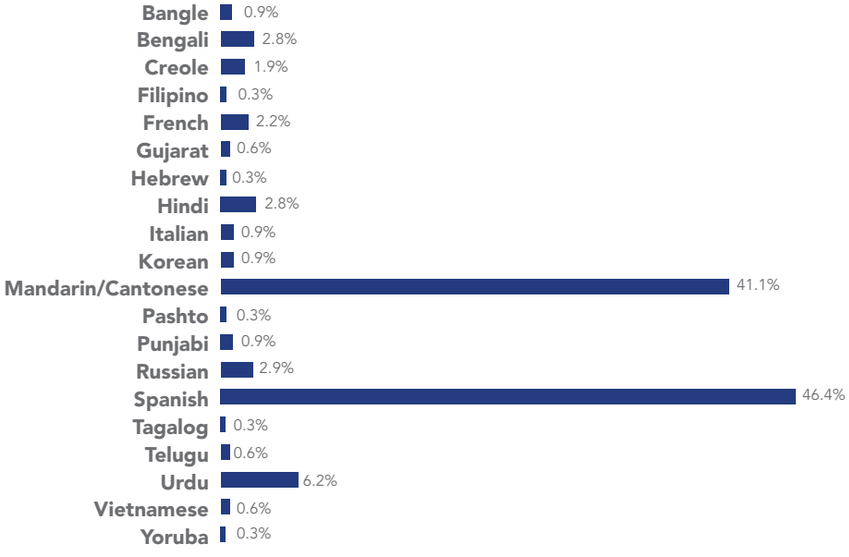
Distribution independent community practices engaged

BOROUGH

Manhattan	25%
The Bronx	22%
Queens	40%
Brooklyn	13%

LANGUAGES SPOKEN BY PROVIDERS IN INDEPENDENT PRACTICES (SELF-REPORTED)

20 languages other than English spoken in engaged Independent community practices



Dietary Approaches to Stop Hypertension

The DASH Diet (Dietary Approaches to Stop Hypertension) is one of SOMOS' staple nutrition plans, specifically targeting patients whose PCP has presented a diagnosis of hypertension, (diabetes or pre-diabetes, hyperlipidemia etc.)

Since 2017, SOMOS long-term objective has been to introduce DASH to our communities with an appealing, culturally appropriate campaign that addresses obstacles and "translates" DASH for our populations (e.g., Dominican, Chinese, Puerto Rican, etc.)

Spearheaded by VP Media Relations, Denisse Oller, in conjunction with the Community Engagement Team (Workforce Department), the DASH program has been successful in educating NYC's communities through workshops in Community-Based Organizations (CBOs), public schools and physicians' offices. Since October 2018, the community engagement has increased markedly, due to increased demand from SOMOS physicians or classes in hotspots, focusing on healthy lifestyles, better eating choices, and exercise.

Patients learn about behavior modification, how to appropriately read nutrition labels, the importance of exercise at any age, healthy food swaps, and even get an opportunity to try DASH-compliant recipes.

The DASH Plan can be linked to specific metrics in the DSRIP cardiovascular project. Health literacy items have been developed and rebranded, including the understanding of instructions to manage chronic conditions, ability to carry out these guidelines, and instruction about when to return to the doctor if one's condition gets worse

Together with the Community Outreach Team, we provide CHWs with support and tools so they can, in turn, educate those with chronic diseases about the DASH (Dietary Approaches to Stop Hypertension) Diet and how to successfully implement lifestyle changes.

Multilingual health education on DASH, including how-to videos, healthy recipes, as well as blog posts, can be found on the SOMOS DASH Blog, part of the broader SOMOS Health Blog. Information on the DASH Nutritional Plan is also being shared through SOMOS social platforms including YouTube, Twitter, Facebook, and Instagram.


LaGuardia
Community College
be gutsy.
BRONX

SOMOS Plant-Based Program

Whole Foods Plant-Based Diet Transforming Our Community

Introduction

The Whole Food Plant- Based (WFPB) diet consists of whole foods that are minimally processed, such as: vegetables, fruits, whole grains, nuts, legumes/beans, and ingredients and meals that have no added oil and are low in sugar and salt.

The Whole Food Plant-Based (WFPB) diet is not necessarily a set diet; it's more of a lifestyle. Live a longer, healthier life.

The Basic Principles of a WFPB diet are:

- Emphasis on consuming whole, minimally processed foods
- Avoid animal products
- Focus on making plants, including vegetables, fruits, whole grains, legumes, seeds and nuts, the majority of what you eat
- Exclusion of refined foods, like added sugars, white flour and processed oils

PlantPure Communities Initiative

SOMOS has partnered with PlantPure Communities, an organization that shares the same mission and values as ours. The main goal is to serve underserved neighborhoods in New York City by bringing the Oasis Jumpstart Program to the community. Participants selected for the program agree to eat only a whole food, plant-based diet for the 10 days of the Jumpstart portion of the program. Two meals a day will be provided to participants during the program and participants will be advised what whole food, plant-based items they can eat in addition to the provided food via the educational materials/program elements.

The Process

The main goal of the Oasis Jumpstart Program is to empower participants individually when they see first-hand evidence via biomarker testing of the power of diet/lifestyle changes in their health and well-being. To this end, biomarker testing is taken two times for each program participant. The first test is taken prior to the 10-day Jumpstart; and the second test is taken on the last day of the 10-day Jumpstart.

Biometric Tests Include:

- Lipid profile: Total Cholesterol, HDL, LDL, TC/HDL Ratio, Triglycerides
- Body Composition (Height/Weight, Body Mass Index (BMI), Waist Circumference)
- Blood sugar/glucose levels (fasting blood sugar for 10-day program)
- Blood pressure

The Results of the First
SOMOS OASIS Jumpstart
in Harlem

30 patients and 10 staff members of **Dr. Juan Tapia's office,** Pediatrics 2000, participated. In 10 days, they lost an average of:

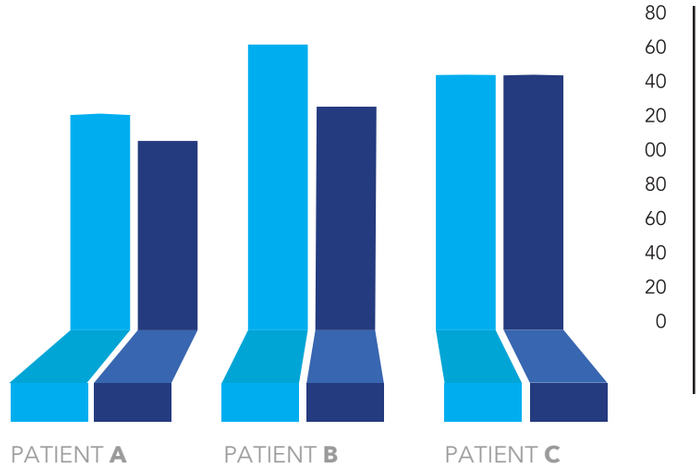
4 lbs in WEIGHT

1.5" IN WAIST CIRCUMFERENCE

Plant-Based Nutrition Program Results

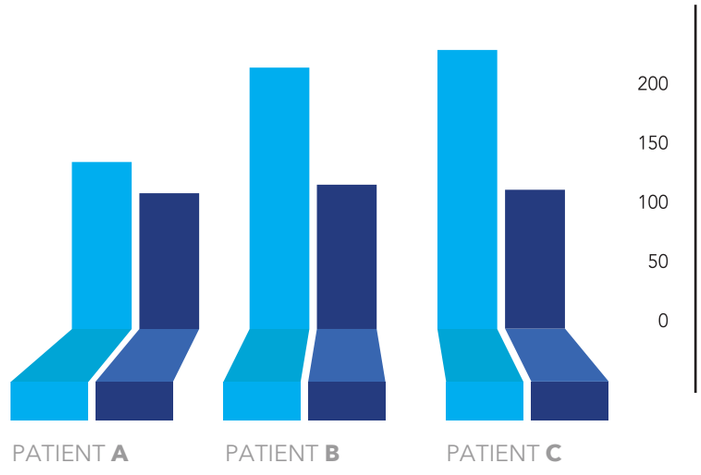
TRIGLYCERIDES

BEFORE AFTER



LDL

BEFORE AFTER



Reference:
1. Please refer to these websites for examples of WFPB diets: www.thecampbellplan.com, www. drmcdougall.com/health/programs/, http://www.dresselstyn.com/site/, and www.ornish.com.
2. Please refer to the PlantPure Communities (PPC) "Resources" webpage for more information, such as WFPB Books & Cookbooks and Minimal Cooking Ideas.
3. The T. Colin Campbell Center for Nutrition Studies website offers excellent information about WFPB diets, and the science behind eating this way. See this article for more information on the labeling of WFPB diets.
4. https://www.healthline.com/nutrition/plant-based-diet-guide#overview

Information Services & Technology

> *"SOMOS HAS CONNECTED NEARLY 2,000 OF ITS PROVIDERS AND CLOSE TO 600 PRACTICES TO THE BRONX RHIO"*

Health Information Technology Integration

A big part of New York State's Delivery System Reform Incentive Payment (DSRIP) program's record of success is its state-of-the-art digital architecture that allows for secure exchange of patient records; between SOMOS, physician practices, partner organizations (including the Bronx RHIO) and between **SOMOS** and the NYS Department of Health (NYSDOH), which thus can measure long-term health outcomes and award patients to PPSs accordingly.

EMR Connectivity

Through SOMOS' support, over 420 network practices are now integrated with a population health platform (of these 258 or 62% can be accessed remotely by **SOMOS**)–benefitting 400,000 patients.

RHIO Connectivity

SOMOS has connected nearly 1,800 of its providers and over 600 practices to the Bronx RHIO. The Bronx RHIO harnesses the power of information technology to transform the delivery of healthcare in the Bronx. Its secure, interoperable health information exchange enables providers across the network to access critical patient information from multiple sources as soon as it is available and deliver the ultimate benefit to their patients and the community better, safer and more efficient healthcare. The Bronx RHIO is a critical tool that enables independent SOMOS practices to share real-time data between providers.

Statewide Health Information Network for New York

The Statewide Health Information Network for New York (SHIN-NY) allows **SOMOS** providers to access healthcare information for patients seen by RHIO-enabled providers across the entire state.

SOMOS Data Warehouse

SOMOS has invested significant resources to develop data-driven insights, which are critical for identifying at-risk patient populations through building a robust health information technology infrastructure. At the center of these investments is the development of SOMOS Claims Data Warehouse (CDW). The CDW is a longitudinal database that will aggregate information across payers and will allow SOMOS to integrate this information with Electronic Health Records (EHR) platform information. These analytical platforms and visualizations support the development of value-based payment foundations and implementation of new data-intensive care models.

System Security

Security has always been at the forefront of the design and implementation of all SOMOS platforms. SOMOS is NYSDOH complaint concerning our System Security Plan (SSP) and workbooks which is closely aligned with the NIST 800-53 Version 4 framework. SOMOS will have their SSP assessed by a third-party auditor again this year to meet our agreement with NYSDOH.

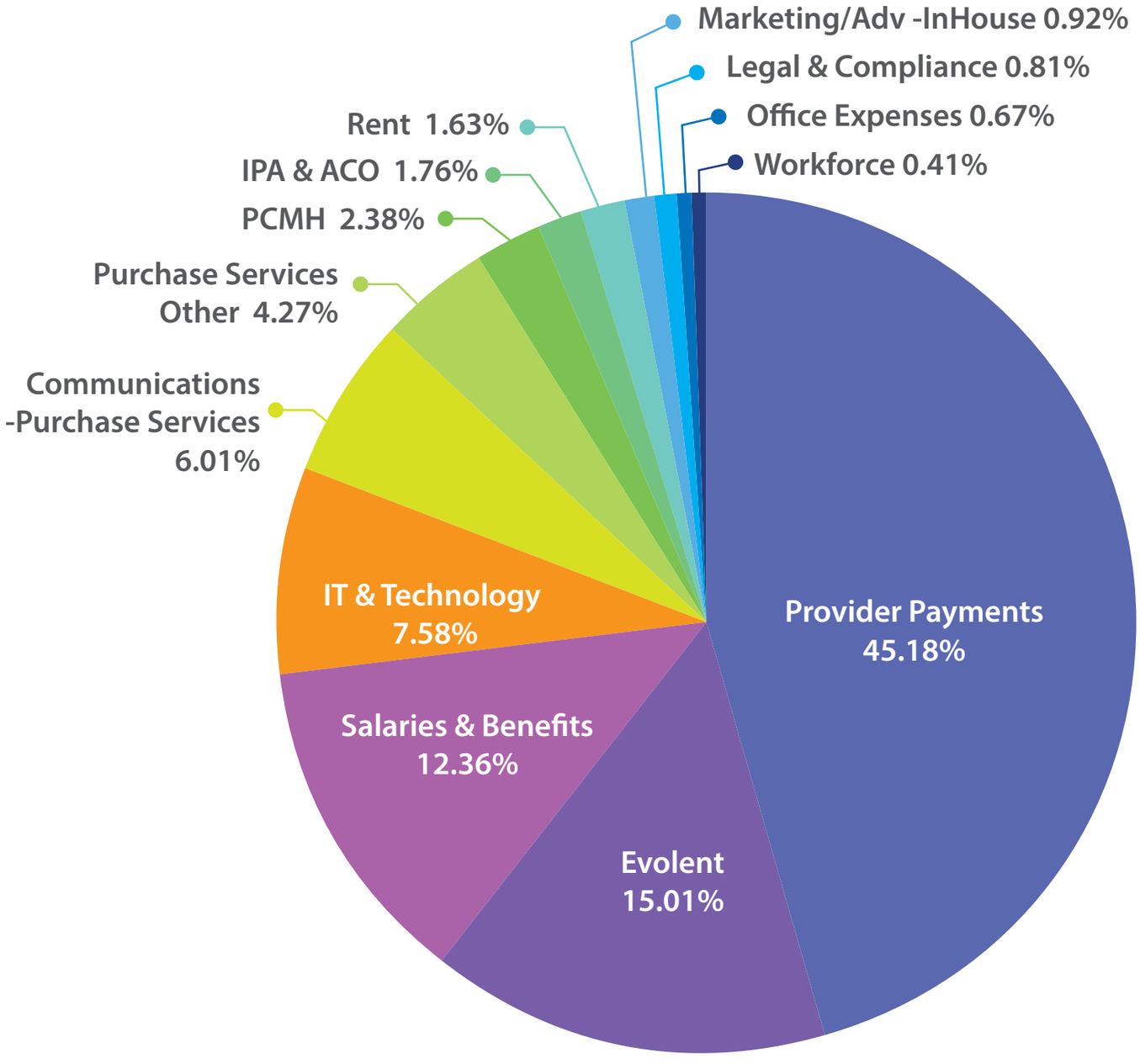
Technical Enhancements

- Developed enhanced technological support to **SOMOS** employees that includes appropriate security measures in place to meet regulatory needs
- Deployed LastPass password management to protect our employees' login when accessing sensitive information
- Implemented a vendor required Penetration Test to evaluate our network and systems

Operational Support

- Worked with Compliance on third-party Inspired E-Learning online compliance training modules for the **SOMOS** staff
- Rolled-out LinkedIn Learning to the entire workforce to promote professional development
- Successfully implemented a **SOMOS** employee web page with the Communications department
- Procured and deployed DUO Security (MFA) Multi-Factor Authentication for in-house computers and laptops
- Continue to strengthen our cybersecurity awareness at SOMOS with mandatory training for the workforce which included email security and encryption, SPAM/Phishing detection and campaigns and overall IT best practices

DSRIP YEAR 4 YTD



SOMOS

SOMOSNYHealth.org