



From the desk of the CEO
Mario J. Paredes

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Study of health of Chinese New Yorkers - Roadmap for closing major care gaps.

A GROUNDBREAKING in-depth study of the health of Chinese New Yorkers highlights solutions for overcoming major obstacles to delivering quality health care to a population whose specific needs have long been neglected. The report finds that although 80 percent of Chinese believe they are in good health, 70 percent say they have been diagnosed with potentially serious conditions. The research tackles this disconnect.

“The State of Chinese Health in New York City” was released late November by SOMOS Community Care, a unique network of more than 2,500 health-care providers, most of them primary care physicians. SOMOS cares for close to one million vulnerable New Yorkers, the bulk of them minority patients, including several hundred thousand Chinese. What these patients require is personalized care that takes into account various barriers—practical and cultural—that keep Chinese New Yorkers from seeking and accessing quality health care. Such care is precisely what SOMOS physicians are encouraged and enabled to provide.

SOMOS is a Performing Provider System (PPS) operating under the mandate of New York State’s Delivery System Reform Incentive Payment (DSRIP) program. Promising the most radical transformation in the history of Medicaid, DSRIP is driven by the Value-Based Payment formula, which compensates doctors according to the longer-term health outcomes of their patients. DSRIP saves New York taxpayers millions of dollars by significantly reducing the number of preventable hospital admissions. Since the launch of DSRIP in 2014, SOMOS has slashed the number of such hospitalizations by 36 percent.

This patient-centric delivery of healthcare does away with the traditional fee-for-service compensation model and encourages doctors to really get to know their patients. Aided by Community Health Workers and increasingly working in tandem with Community-Based Organizations tackling the Social Determinants of Health, SOMOS doctors are truly invested in their patients. An authentic patient-doctor relationship drives comprehensive, holistic care.

Like the family doctors of old, SOMOS community-based primary care physicians are cognizant of the full spectrum of their patients’ needs—medical, behavioral and social. Most



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SOMOS doctors share the cultural, ethnic background of the patients they serve. This cultural affinity is key as SOMOS doctors care for a largely Latino and Chinese patient population.

New York City, notes the report, is home to more than 500,000 Chinese, a community that “is one of the most vulnerable and underserved segments in the city;” 20 percent “live under the poverty line, a third lack citizenship, and nearly two-thirds deal with language barriers.” Plus, 50 percent say they do not understand what their doctor is telling them, even though the provider speaks Chinese.

As the study shows, culturally competent care addresses a range of obstacles. For example, SOMOS doctors are coming to understand that admitting to depression is a taboo for Chinese New Yorkers, who also tend to downplay the seriousness of their medical conditions out of sense of embarrassment. Many stubbornly rely on traditional Chinese medicine and are suspicious of doctors ordering various test, expressing concern about the money they may have to spend.

A great number of these patients had poor experiences with the traditional fee-for-service Medicaid model, in which, as the report stresses, “patients are far from being at the center of healthcare.” By contrast, SOMOS practices are being transformed into Patient-Centered Medical Homes, the lynchpin, says the report, of “a team-based model of care led by primary care physicians whereby patients receive treatment when it is necessary and in a manner that they can understand ... a place where patients can expect to be treated with respect, dignity and compassion. This encourages patients to receive regular care—preventing costly procedures—and more importantly, creating a bond of trust between doctor and patient.”

That bond is expressed in “health-care providers and staff ... having a deeper and more empathetic understanding of Chinese culture to better communicate diagnoses, combat persistent stigmas, particularly around mental health, and offer useful health information that does not undermine [patients’] traditions.”

The SOMOS model is proving similarly successful in the care for Latino patients, whose well-being and state of health was the subject of an earlier report, “State of Latino Health in New York City.” It is testimony to the vision and perseverance of SOMOS Founder and Chairman, Dr. Ramon Tallaj and SOMOS President Dr. Henry Chen that the SOMOS network of doctors—contrary to naysayers—has been able to embrace and begin to provide tailor-made, comprehensive care for two such disparate patient populations.



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Last year, the New York State Department of Health designated SOMOS as a Value-Based Payment Innovator, the only physician-led network in the state to earn that distinction. Great progress has been made in providing quality care to two long underserved communities. But much remains to be done. It is now vitally important that gains made are solidified so that this revolutionary formula for Medicaid reform can make significant, permanent inroads. The DSRIP program is scheduled to conclude March 30, 2020. However, five years simply is not enough time to achieve the goal of transforming health-care delivery for New York State's most vulnerable patients on a lasting basis.

For that reason, Drs. Tallaj and Chen wholeheartedly and urgently endorse the New York State Department of Health's request submitted to the Centers for Medicare and Medicaid Services for an extension of the DSRIP mandate through March 30, 2024.