SOMOS COMMUNITY CARE

From the desk of the CEO
Mario J. Paredes

December 9, 2019

On the crucial human dimension of health care

"OUR DISCUSSIONS of quality in health care too often exclude or minimize the fundamentally human dimension of care." That verdict goes to the heart of an argument made in a recent essay (Nov. 29, 2019) in *The Wall Street Journal*. The author is Dr. Arthur Kleinman, professor of medical anthropology and psychiatry at Harvard Medical School. The painful but ultimately rewarding journey of providing care for his wife Joan, who suffers from Alzheimer's disease, has made Dr. Kleinman an advocate for finding remedies for what he calls "the tragic inadequacies of America's [health-care] system for providing care for the chronically ill."

Dr. Kleinman writes: "When hospitals and providers evaluate their success or quality, they reflexively do so in terms of outcomes and economic efficiency. The only factors that count in the provision of health care are those that can be enumerated and measured." Missing from consideration are the needs of chronically ill patients—"their lived experience of pain and disability, suffering and symptoms, and the management of that experience by them and their families."

He continues: "Health services and hospitals—even when they survey patients' and families' experiences—are overwhelmingly likely to focus on aspects that can most easily be measured, recorded, analyzed and presented to their governing boards and government regulators. For the tens of millions of Americans coping with chronic or terminal illnesses, the assessments that we perform and the concern that we convey are painfully inadequate." What is missing is an investment in and commitment to the human dimension of health care. A unique experiment underway in New York State has produced a dramatic improvement in health care for the most vulnerable Medicaid patients—and that transformation hinges precisely on the quality of the doctor-patient relationship, the intimately human dimension of care. In 2014, New York Gov. Andrew Cuomo gave his blessing for the launch of the Delivery System Reform Incentive Payment (DSRIP) program.

DSRIP is driven by the Value-Based Payment model, which compensates doctors according to the overall, longer-term health outcomes of their patients. That formula stands in sharp contrast to the fee-for-service compensation structure of the traditional and inevitably more impersonal Medicaid model, which does not reward providers for really getting to know their patients. DSRIP promotes, encourages and helps strengthen the doctor-patient relationship, which goes beyond the administration of tests and other medical procedures.

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That includes personal, comprehensive care for patients suffering from chronic conditions such as asthma, diabetes, arthritis and cardiovascular disease.

SOMOS Community Care is one of 25 Performing Provider Systems (PPSs) that are operating under the DSRIP mandate across New York State. SOMOS is the only physician-led PPS, with the others anchored in massive and inevitably more impersonal hospital-based systems. SOMOS has a network of more than 700 physicians—most of them primary care providers—serving almost a million of the most vulnerable Medicaid recipients in New York City. The patient population is overwhelmingly African American, Latino and Chinese American and many SOMOS doctors share the ethnic and cultural backgrounds of their patients.

That cultural affinity is one key element that helps ensure and enrich the quality of the doctor-patient relationship. SOMOS staff assist medical practices in their upgrade to become Patient-Centered Medical Homes (PCMHs); the PCMH makes for a model of comprehensive care coordinated by the primary care physician, who makes sure patients receive the necessary care when an where they need it—and the process is presented in such a way that patients can readily understand it.

Again, the primary care provider is the key figure, the person whom the patients come to trust as they become convinced that their family doctor genuinely cares for them. This model is the antidote to what Dr. Kleinman bemoans are providers who "rarely, if ever, seemed to make eye contact, poring instead over the medical records and test results in front of them or [who are] lost in the glare of their computer screen."

SOMOS doctors are assisted by Community Health Workers (CHWs), who are physicians' eyes and ears in the community and who, for example, nudge patients to keep their medical appointments and make house visits, to appraise conditions in the home. CHWs are key in evaluating the home care for chronically ill patients and recommending interventions as needed. They give the doctors real insight into what Dr. Kleinman called the "lived experience" of their patients.

CHWs also help doctors evaluate the medical and behavioral impact of the Social Determinants of Health. These include such factors as sub-standard housing, lack of employment, and poverty. They can play a major role in patients' well-being. The SOMOS comprehensive, holistic care model encourages community-based doctors to engage Community-Based Organizations (CBOs) with expertise in various social needs. Thus, social measures are integrated with medical interventions. It must be noted that Social Determinants of Health account for the greatest number of premature deaths in the country,

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yet the US lags far behind other Western countries in taking Social Determinants of health into account.

This qualitative approach to health care produces ample measurable results: Since 2014, SOMOS has achieved several milestones: it reduced potentially preventable hospital admissions by 20.4 percent and reduced potentially preventable hospital re-admissions by 25.7 percent. Combined, this amounts to a savings for New York taxpayers of $300M.

"[T]he relationship between the family doctor and the patient is the strongest infrastructural tool in achieving the primary goal of the DSRIP program, to reduce the cost and frequency of hospitalization," wrote SOMOS Founder and Chairman Dr. Ramon Tallaj and SOMOS President Dr. Henry Chen in a letter to Donna Frescatore, Medicaid director at the New York State Department of Health. "Family doctors," they wrote, appealing for an extension of the DSRIP program, "are the pillars of their communities improving the quality of life of for generations of families. (Unless the Centers for Medicare and Medicaid Services grants an extension, the DSRIP program will end March 31, 2019.)

This close relationship between SOMOS doctors and their patients holds the key for what Dr. Kleinman charges is all too often missing from health care: "empathy, compassion, communication, responsiveness, emotional support and affirmation."