

A network of
more than 2,500
culturally competent
providers, treating
nearly 650,000
multilingual Medicaid
patients across
New York.

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Ramon Tallaj, MD

SOMOS Founder and Chairman

Dear Members of the Board of Directors, friends and colleagues,

It is with joy and gratitude that I present you with this summary of SOMOS's achievements during our five-year run as a Performing Provider System (PPS) in the DSRIP program.

From the time we applied to become a DSRIP PPS, we proved naysayers wrong repeatedly in their belief that a network of independent physicians and providers could not succeed; managing at times a very steep learning curve—and not without setbacks—we overcame all obstacles and flourished as a nimble organization in a healthcare universe dominated by massive, bureaucratic, hospital-based systems.

In the process, we developed a highly effective publicly-funded health-care delivery model that provides patients at the margins of society with superior, comprehensive, holistic care— at significant savings for New York State taxpayers.

Along the way we broke through numerous racial barriers, maintaining unity among the ranks of our culturally and ethnically diverse network of 2,500-plus providers serving the population of mostly Hispanic, African American, and Chinese American patients. In addition to our many clinical accomplishments, SOMOS has spearheaded a movement that has demonstrated that a veritable multiethnic, multiracial approach to health care can be a tremendous success.

SOMOS was put to the test by the coronavirus pandemic. We put all our resources, staff, and providers to work, establishing two of the first test centers in New York City, providing hospitals with critical equipment and responding to the needs of residents of high-risk neighborhoods with telemedicine and in-person care. The disproportionate number of Hispanics and African Americans contracting the virus shows the importance of taking into account the Social Determinants of Health, which has been a hallmark of the SOMOS approach:

The overcrowded living conditions in minority neighborhoods make social distancing more difficult, leaving residents more vulnerable to the virus. Similarly, the living and social conditions of the poor, the elderly, and undocumented immigrants afraid to seek care, likewise have an impact on the health of these groups. Ignoring such social factors amounts to a form of discrimination, an obstacle to quality care that SOMOS has addressed all along.

Our work to address social needs has been a vital part of Value-Based Payment formula that has been driving DSRIP. That formula rewards our doctors for investing time and resources in genuinely and intimately coming to know their patients and all their needs—medical, behavioral, and social. Our commitment to the longer-term welfare of their patients is above all, a recognition of the primary importance of respecting human dignity.

SOMOS has distributed millions of dollars to our doctors in recognition of their achievements in delivering real ‘value’ to the people in their care. As our success in battling the pandemic reaffirms, the relationship of trust between doctor and patient is paramount to humanizing and thus enriching health care, rendering SOMOS a fundamentally humanist enterprise—and a model and inspiration for the future of health-care reform. There is every indication that SOMOS’s legacy will outlive and perform DSRIP.

Gratitude goes out to all of you on the Board, all SOMOS staff, past and present, and especially our courageous and steadfast providers and partners.

With best wishes for good health and safety,



Ramon Tallaj, MD
SOMOS Founder and Chairman



Henry Chen, MD

SOMOS President

Dear Members of the Board of Directors, friends and colleagues,

I would like to express my thanks and gratitude for your guidance of SOMOS during these past five years and acknowledge the hard work and dedication of SOMOS staff as well as the extraordinary contributions of our providers. Our road has not been easy, but we have been tremendously successful as this overview of SOMOS milestones makes abundantly clear.

What a unique organization we have built together, one that is comprised of Hispanic, Chinese American, and African American providers working side-by-side in a commitment to serve the neediest, most vulnerable patients in our communities.

There was plenty of skepticism whether such a unique, multicultural coalition would manage to function harmoniously and effectively, let alone meet the high standards set by the DSRIP program. The content of this report offers a resounding yes on both counts. SOMOS has consistently put our doctors in the optimal position to succeed and that constant commitment to support our 2,500-plus providers has borne fruit.

SOMOS has created a template for the care of the most vulnerable residents of New York City. I salute the significant boost given by SOMOS to the understanding the particular needs of New York's Chinese American community and the development of treatment protocols accordingly. Surely this model of culturally competent care will endure past the formal conclusion of the DSRIP program.

Yours, with warmest wishes for the best of health,

A stylized, handwritten signature in blue ink, consisting of several fluid, overlapping strokes.

Henry Chen, MD

SOMOS President



Mario J. Paredes

Chief Executive Officer

Dear colleagues and friends,

It is my privilege to present you with this report marking the formal end of DSRIP on March 31, 2020. It features highlights of SOMOS accomplishments during the five years that the organization served as a DSRIP PPS.

I offer you this record of our success with a mixture of sadness at the end of the program—clearly a premature end—and a tremendous sense of gratitude for all we have accomplished together.

Gratitude goes out to the Board of Directors for its steadfast guidance these past five years; and to SOMOS Founder and Chairman Dr. Ramon Tallaj and SOMOS President Dr. Henry Chen for their vision and leadership. Their far-sightedness helped SOMOS achieve extraordinary success as a newcomer in the highly complex and competitive New York State health-care universe. We also owe a debt of gratitude to the entire SOMOS staff for their hard work and dedication.

There is no doubt that the SOMOS DSRIP legacy will live on as all of us together have made a significant contribution to the shape of health-care reform in this country, with the Value-Based Payment formula—so successfully implemented by SOMOS—leading the way.

Yours, with warmest regards,

A handwritten signature in black ink, appearing to read 'Mario J. Paredes', with a stylized flourish at the end.

Mario J. Paredes

Chief Executive Officer

Introduction

As the fifth and final year of DSRIP concludes, SOMOS is proud of its legacy as the only physician-led Performing Provider System (PPS) participating in the DSRIP program. DY5 was a year that was wrought with significant challenges. SOMOS, however, managed to continue to meet and exceed DSRIP goals, even while facing considerable funding cuts and the onslaught of the coronavirus pandemic.

A well-oiled machine after five years of operation, SOMOS was prepared for a crisis; our providers, partners, and staff were able to quickly respond to Governor Andrew Cuomo's call to action to address the coronavirus pandemic. SOMOS was able to give hope and support through its network of more than 2,500 providers serving more than 650,000 patients, many of whom are on the front lines as New York City grapples with COVID-19: nurses, transit workers, grocery clerks, delivery men and women, home health aides and sanitation staff.

On March 1, 2020, when the first COVID-19 case was confirmed in Manhattan, SOMOS's Founder and Chairman, Dr. Ramon Tallaj and President, Dr. Henry Chen immediately launched SOMOS into action. SOMOS physicians and providers were at the New York Stock Exchange testing more than 500 NYSE employees daily until the closure of the trading floor on March 23, 2020. SOMOS set-up one of the city's first coronavirus testing sites in Queens and another in the Bronx in partnership with Montefiore Hospital. So far, SOMOS has tested more than 25,000 people for the virus. SOMOS has also been distributing much-needed medical supplies to Flushing and Montefiore Hospitals.

SOMOS supported our network providers with free access to Ignite, a telemedicine system that gives SOMOS providers the ability to assess patients' needs remotely, allowing patients to stay home and reduce their risk of infection. Medical Office Protocols and Prevention Guidelines were distributed to all network providers and staff. SOMOS also developed coronavirus educational materials for the general public in English, Spanish and Chinese,

while coordinating a social media campaign in those languages as well. SOMOS also distributed \$100 bonuses to all staff in our network practices who are working as first responders.

With the assistance of the SOMOS Operations, Compliance, Legal, and Communications teams, we have been able to develop and successfully launch the Bridge—a population health tool that 1,200 of our network providers utilize to manage and monitor their patients' Electronic Medical Records (EMRs). The Bridge has connected practices with the Bronx RHIO, allowing for easy access to EMRs, with SOMOS doctors now receiving notifications of hospital admissions and discharges from (and treatment rendered by) any entity, provider, or practice within the Bronx RHIO system.

The Bridge captures data necessary to assess patients' longer-term health outcomes, the criteria for the Value-Based Payment formula. As part of DSRIP's Value-Based Pilot Program, SOMOS implemented with great success six of the 12 VBP pilot contracts in New York State; the NYS Department of Health gave SOMOS the VBP Innovator designation, one of only three health-care entities to gain that recognition and the only physician-led network to do so.

Applying the VBP formula, SOMOS has reiterated and restored the role of primary care physicians as trusted and culturally competent community leaders who are intimately aware of all their patients' needs—medical, behavioral and social. The Neighborhood-Based Primary Care model holds tremendous promise for the future of health-care reform in New York and across the nation. Superior, holistic care keeps patients out of emergency rooms and costly hospital beds, which translates into significant savings for taxpayers.

It has been a privilege for SOMOS to serve as a PPS under the DSRIP mandate. Of course, there is still much more work to be done, and SOMOS will continue its mission to serve community-based doctors and providers with the support necessary to drive high-quality, patient-centered care for the most vulnerable communities.



Second from the right, Dr. Ramon Tallaj Founder and Chairman of SOMOS, and second from the left Dr. Henry Chen President of SOMOS with other physicians from our organization.



SOMOS physicians conduct temperature screenings at the New York Stock Exchange.



SOMOS employees prepare meals for distribution in Washington Heights during the coronavirus pandemic.

Community Engagement & Outreach



Cultural competency is at the core of SOMOS's holistic approach to healthcare. SOMOS is a one-of-a-kind network of independent, neighborhood-based physicians dispersed across four boroughs of New York City—Manhattan, the Bronx, Brooklyn, and Queens. Our doctors are mostly immigrants and minorities themselves—primarily Hispanics and Chinese Americans, with a significant portion of our physicians and medical personnel hailing from South Asian countries as well.

In the fight against the COVID-19 pandemic, SOMOS quickly mobilized its network of more than 2,500 providers to ensure that the communities they serve would receive the care needed during this crisis. At SOMOS, we understood the particular challenges our communities would face due to language, cultural and economic barriers.

SOMOS leadership realized that the communities we serve would be more vulnerable to the epidemic, among other things, because the majority of the workforce in these neighborhoods is comprised of essential workers on the frontline who are at a higher risk of infection. They are also more likely to live in overcrowded conditions, and they are more likely not to get tested due to concerns about immigration status. Finally, minority populations, including African Americans, are more likely to suffer from pre-existing conditions that make them more vulnerable to the virus.



SOMOS moved swiftly to set-up two of New York City's first bilingual testing sites, one in Queens and one in the Bronx.

SOMOS coordinated and trained its network of providers and their staff to support these efforts, which also included implementing a new coronavirus hotline, launching telemedicine services across the network, and distributing informational materials and protocols to our network providers, patients, and employees. All content was produced in the three most widely spoken languages in New York: English, Spanish, and Chinese (Cantonese and Mandarin).

SOMOS also set-up the first trilingual antibody testing site in New York City in Sunset Park, a primarily Chinese and Latino neighborhood Brooklyn.

SOMOS partnered with World Central Kitchen and the Maestro Cares Foundation to distribute more than 2,000 meals, a day in Washington Heights, a predominantly Hispanic neighborhood in Upper Manhattan severely affected by the pandemic.





Right SOMOS Founder and Chairman Dr. Ramon Tallaj working with World Central Kitchen to distribute meals at La Nueva España Restaurant in Washington Heights.



Get Focused trainer leading a fitness session for children at La Tiga Pediatrics Family Fitness Festival.



SOMOS distributing health literacy materials at the Webster Health Fair in the Bronx



Children exercising at the Back to School & Cultural Fair in Washington Heights.



Healthy food being served at La Tiga Pediatrics Family Fitness Festival.



Get Focused trainers with students at the Henry H. Garnet Charter School that have just earned new books after receiving fitness training.

At SOMOS, we understand that lack of education and low levels of health literacy make patient self-management much more difficult and lead to poor rates of compliance with medical directives. SOMOS is able to reach and engage more patients and communities at large thanks to our doctors' cultural closeness to their communities. SOMOS has developed new forms of patient outreach and health education by launching new projects such as the **MiSOMOS mobile app**, which utilizes modern technology and cultural trends to engage people who would otherwise not develop health literacy and do not know how to navigate the health-care system. The innovative MiSOMOS app allows patients to find a doctor, increase their health literacy thanks to the use of comedy and short clips as well as send messages, and receive reminders and instructions.

In our efforts to establish more channels to conduct effective community outreach, SOMOS hosted a healthcare festival unlike any other this past fall. On November 23, 2019, the Nueva York Mi Salud en Mis Manos festival combined an interactive health fair with a concert that featured artists from the community. The MiSOMOS app was introduced to more than 2,000 attendees at the festival.



SOMOS has expertise knowledge about the cultural makeup and customs of the communities we serve. Our medical professionals and their staff share the same cultural backgrounds as the patients in our network, thus enabling SOMOS to devise the culturally aligned strategies to tend to our communities. This makes us an exception among the 25 DSRIP PPSs.

For example, our nutrition initiative, which supports the idea of using food as medicine, has had great success because we start with culturally aligned foods to introduce better eating habits, while taking into account socio-economic status. We have presented our nutritional programs successfully throughout New York City through workshops held at Community-Based Organizations (CBOs), public schools, and physicians' private offices. This culturally competent process plays a role in all SOMOS projects, most significantly the cardiovascular and diabetes programs.



Vice President of Workforce and Government Relations, Moisés Pérez-Martínez with RARTV journalist.



Group of teens enjoying the performance of the concert.



Right SOMOS Founder and Chairman, Dr. Ramon Tallaj with businessman Ruben Luna (left) and Karen Ignagni, President and CEO of Emblem Health (center)..



Univision's Raul De Molina and SOMOS doctors Jacqueline Delmont and Maria Molina discuss nutrition at the People en Español festival.



MISOMOS Fitness trainer Eddy Vizcaino leads a workout at the People en Español festival.



SOMOS provides health screenings at the Back to School & Cultural Fair with Alianza Dominicana and Catholic Charities NYC.



SOMOS gives roses and health literacy to mothers at the SOMOS Street Fair at Plaza Las Americas in honor of Mothers' Day.



2nd from Left SOMOS President Dr. Henry Chen and Congresswoman Grace Meng (Center) at the Press Conference for the Release of SOMOS's State of Chinese Health research study.



SOMOS marches in the 2019 Dominican Day Parade in NYC

One of SOMOS's challenges is that our communities have a limited understanding of the impact that food has on health and wellness. The key factors are language, culture and customs, food preparation practices, food choices, income, and the lack of accessibility in healthy food dessert communities. SOMOS's long-term objective has been to introduce the **DASH (Dietary Approaches to Stop Hypertension)** and we have expanded our nutrition programs to include our **Just Food Nutrition Workshops** and the **Oasis Jumpstart program**.

SOMOS partnered with Just Food Community Chefs to offer free food demonstrations in medical practices and at community events. In DY5, SOMOS hosted 35 food demonstrations, engaging 2,400 participants. SOMOS also distributed 150 Health Bucks vouchers so participants can purchase healthy food at NYC farmers markets. The main goal of our **Whole Plant-Based food program**, in partnership with Oasis Jumpstart, is to introduce our communities to an appealing, culturally appropriate plant-based diet program that addresses obstacles for the

low-income Medicaid populations we serve in four boroughs.

A strategy of preventive care through nutrition and exercise classes was developed to engage SOMOS physicians, their patients, and the community at large with targeted workshops. All participants undergo biometric testing. 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 the 10-day program)
- **Blood pressure**

To date, 185 patients have participated in the program.

Plant Based Nutrition Program Results



4.2 lbs. Average weight loss.



1.3 in. Average loss of circumference in waist

Average decrease in Cholesterol



Average decrease in Blood Pressure



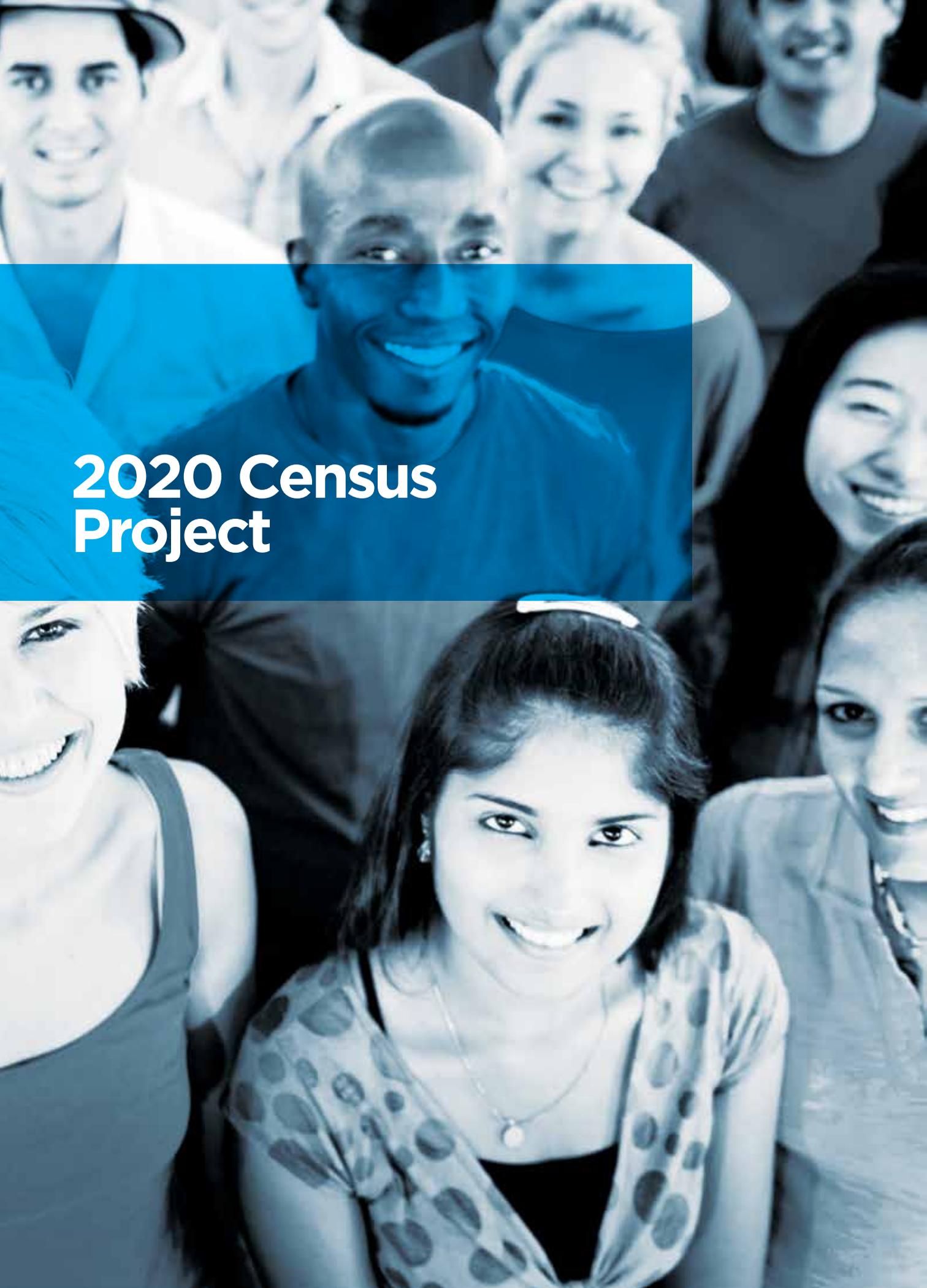
Additionally, SOMOS has leveraged its cultural competency to enhance the health of our patients through the hiring and training of Community Health Workers (CHWs). They work directly with the patients and liaise with the practices.



SOMOS believes that it is imperative to research the communities we serve to better understand their needs. This year we concluded our in-depth research study of the Chinese community in the New York City area **Misunderstood: The State of Chinese Health in New York City**. New York has one of the largest Chinese populations outside of China, and this first-of-its-kind study reveals the health challenges Chinese New Yorkers face and offers solutions focused on patient needs and cultural competency. The study includes a citywide survey and in-depth interviews with Chinese New Yorkers—both of which were conducted in Chinese—as well as extensive conversations with the doctors that serve them.

Our previous study, **Invisible: The State of Latino Health**, has enabled SOMOS to address the Social Determinants of Health to provide better care to the Hispanic population.





2020 Census Project



SOMOS was awarded a \$125,000 grant from the NYC Complete Count Fund to enhance a 2020 Census awareness campaign with an initiative focused on driving members of undercounted communities to complete the census. The SOMOS 2020 Census Project is critical for ensuring that federal funds are allocated for health care, education, housing and other resources that are desperately needed in the communities SOMOS serves. SOMOS is collaborating with our network providers to ensure that 2020 Census information is readily available at our practices. Our Workforce and Communications teams have also implemented an engaging media campaign that incorporates digital and social media with a call to action for the public to make take the census. This project will be incorporated into SOMOS's other outreach programs until July 31, 2020.



Developing Infrastructure

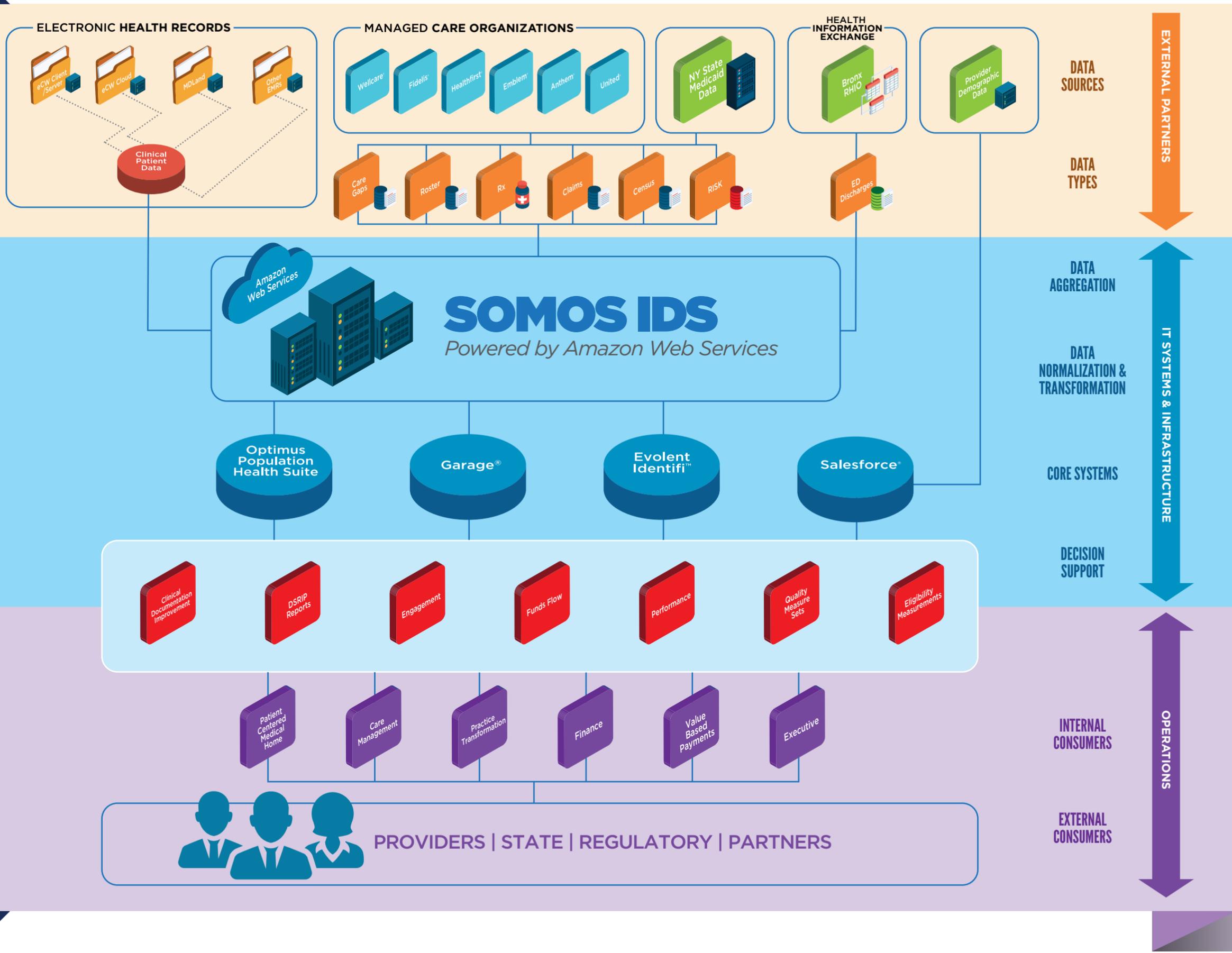
SOMOS has worked diligently throughout the five years of DSRIP to use up-to-date, innovative technology to integrate its network of physicians. Our network of primary care physicians (PCPs) is now connected to Optimus Health Analytics, which supports technology and information security; this framework helps drive the Bridge, our population health platform facilitated by our partner, the Garage, and the Bronx RHIO. All these connections provide what our physicians have been seeking—health information in the form of in-patient and ED alerts, patient history, predictive insights and coding, as well as documentation support to ensure the latest information is available for and about each patient.

The launch of the Bridge has enabled more than 1,200 of SOMOS's primary care providers to review each patient's clinical history, regardless of where they received care (if the patient provides consent). Additionally, connection with the Bronx RHIO allows for alerts and closer management of prescription.

Development of the 'stats page' provides high-level metrics and statistics about our Innovator, Pilot and Legacy provider groups, including PMPM, utilization, risk scores, quality scores, and eligibility counts. Support is also in place for Medicaid recertification processes that identify patients who need to re-enroll into Medicaid in order to mitigate the loss of coverage. Nearly 500,000 care gaps are loaded annually in Salesforce for review by SOMOS CHWs.

SOMOS has also taken extraordinary steps to ensure that our data is secure and encrypted. In 2019, SOMOS scored 100% on the NYS DOH Attestation and Assessment compliance evaluation of our System Security Plan (SSP) critical controls. SOMOS has also enabled and implemented Multifactor Authentication (MFA) and now, through O365 Data Loss Prevention, automatically encrypts emails that contain HIPAA information. SOMOS will continue to strengthen its technological capabilities as we build a more robust IDS (Integrated Delivery System) to support our network.

SOMOS DATA FLOW





Projects & Relationships

Health Home At-Risk Interventions Project 2.A.III

The Health Home At-Risk project is designed to effectively manage higher-risk patients who are not currently eligible for Health Homes through access to high-quality primary care and support services.

During the five years of DSRIP, SOMOS has been able to engage over 150,000 patients and 902 PCPs with this project. Our continued partnerships with Queens Coordinated Care Partners (QCCP) as Health Home lead for adults and the Center for Human Development and Family Services as Home Health lead for children have resulted in training for providers and staff at SOMOS practices to ensure that patients are placed in the best health home to address their care needs.

HIT (Health Information Technology) and Bronx RHIO connectivity have enabled SOMOS to effectively link its Care Transition vendors to SOMOS's FTP so that, as noted, our doctors can receive notifications about patients that have been admitted and/or discharged from hospitals, making it much easier to monitor and develop comprehensive intervention plans that produce better health outcomes for patients.

The Emergency Department (ED) Triage for at-Risk Populations Project 2.B.III

SOMOS continues to reduce preventable Emergency Department use by identifying and addressing the root causes of unnecessary visits—a key aspect of DSRIP's larger goals. SOMOS's successful partnerships with Montefiore and Jamaica Hospitals have resulted in a 64% reduction rate in the readmission rate for 628 patients who have been identified since the inception of the MAX Series.

The NYS DOH Medicaid Accelerated eXchange (MAX) Series has been a key component in the work of SOMOS. It was launched as part of DSRIP to help redesign care for the most vulnerable individuals by using highly structured and dynamic Rapid Cycle Continuous Improvement (RCCI) workshops and action periods. Patients who were identified as having frequent ED admissions were given detailed discharge plans. Patient-Centered Medical Home (PCMH) certified practices offered extended hours.

SOMOS also developed a second MAX series with a focus on opioid prescription abuse in conjunction with Montefiore Hospital and Bridge Back to Life, a community-based organization. Through this program, ED personnel were encouraged to screen for opioid dependence and connect patients with opioid dependence who do not require acute care with a Montefiore-provided nurse navigator to facilitate a warm handoff to Bridge Back to Life or another SOMOS-affiliated CBO.

Care Transitions Intervention Model Project 2.B.IV

The Care Transitions Intervention Model project was developed to provide a 30-day supported transition period after a hospitalization to ensure discharge instructions are understood and implemented by patients with a high risk of readmission, particularly those with cardiac, renal, diabetic, respiratory, and/or behavioral health disorders. SOMOS, through its key partnership with Rapid Care Solutions, implemented the Coleman Model of Care Transitions with enhancements pertinent to SOMOS. This model identifies and addresses Social Determinants of Health.

Hospitals affiliated with SOMOS have adopted the Care Transitions Intervention Model to ensure patients' stability once they are discharged. A comprehensive individualized discharge plan is given to each patient and Care Management is implemented to ensure patient safety and compliance with treatment regimens.

SOMOS has been able to engage nearly 100,000 patients by implementing the strategies for this project.

Integration of Primary Care and Behavioral Health Project 3.A.I

The goal of the Integration of Primary Care and Behavioral Health Project was to create pathways by which to coalesce behavioral health and primary care services, thus increasing the quality of life for the patient and reducing the costs of the number of preventable hospitalizations of those with behavioral health issues, while increasing behavioral health awareness and improving access to care. Reducing the stigma surrounding BH is vital in all communities, especially in the neighborhoods that we serve.

The integration of BH and PC helps to alleviate patients' fears of being seen walking into a mental health facility and thus being labeled. In this program, the patient walks into a place without stigma (a PCP office), which increases compliance with appointments and treatment plans. Additionally, a great benefit is the communication that exists between providers, increasing support and improving the overall care that the patient receives.

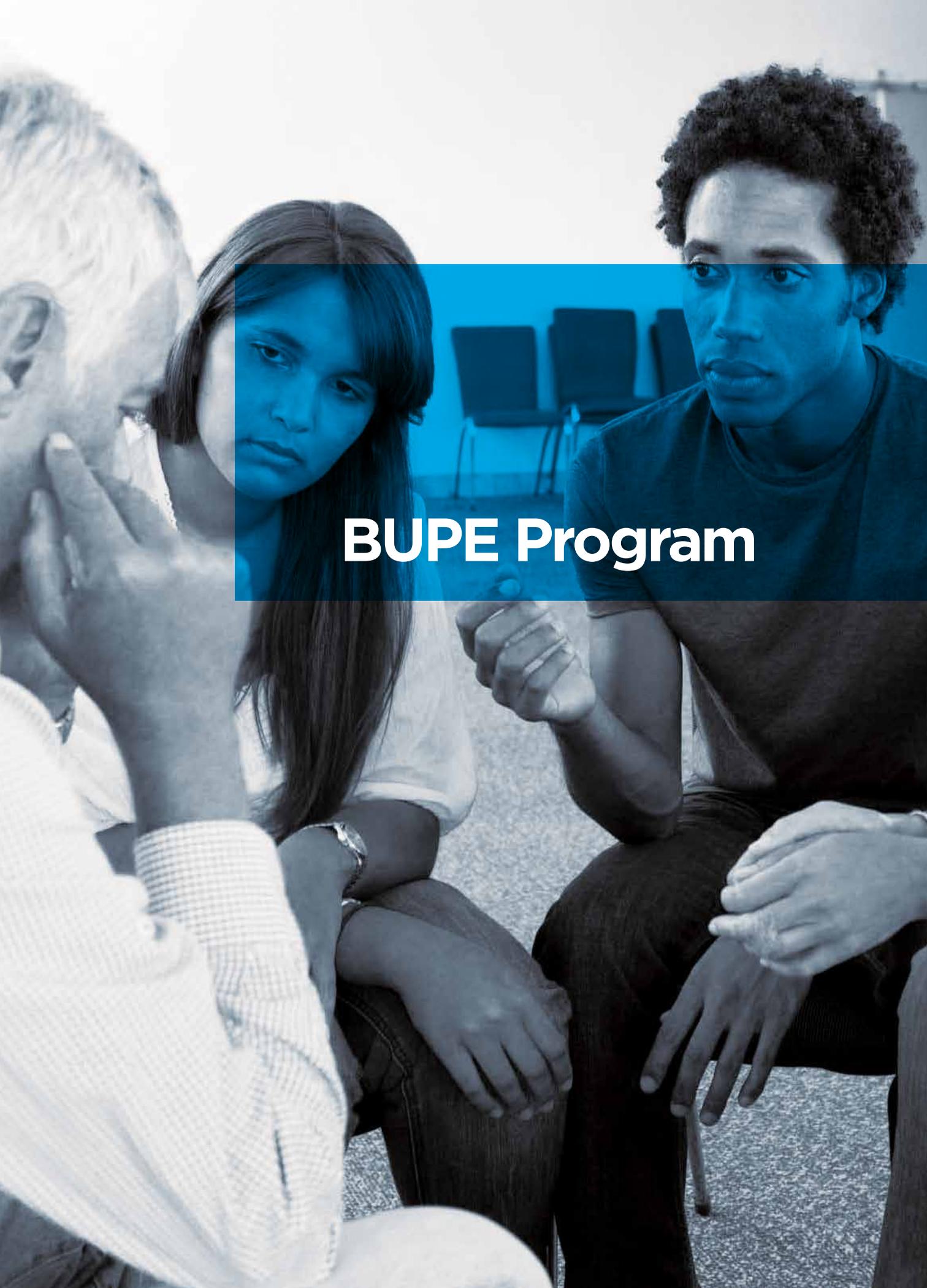
The success of this project relied on the implementation of three models:

- **Model 1- Integration of Behavioral Health Providers in Medical Clinics:** Model 1 practices include SOMOS-contracted Patient-Centered Medical Homes that have on-site behavioral health providers, Federally Qualified Health Centers (FQHCs), and MediSys clinics with a clinical social worker or mental health counselor on site.
- **Model 2- Integration of Medical Providers in Behavioral Health Clinics:** SOMOS Model 2 practices include affiliated hospital clinics. MediSys behavioral health clinics have integrated primary care providers (including PCPs, nurse practitioners, and physician assistants working closely with a PCP) who perform preventive care screenings for those individuals with mental health disorders, such as schizophrenia, bipolar disorder, and depressive disorders, and/ or with alcohol and substance abuse disorders.
- **Model 3- IMPACT Model Integration of Behavioral Health and Primary Care in Free-Standing Ambulatory Practices:**
 1. The patient's PCP works with an in-practice or off-site behavioral health care manager (warm handoff or virtual warm handoff) to develop and implement a treatment plan (medications and/or brief, evidence-based counseling or more intensive treatment).
 2. In-practice or off-site care managers and primary care providers collaborate with an affiliated consulting psychiatrist for medication management and/or to amend treatment plans if patients do not improve.

In DY5, SOMOS was able to continue to engage all its patients (over 650,000) through screenings at PCP appointments. As a result, more than 33,000 patients have been referred for behavioral health treatment, and their PCPs are able to monitor them for health conditions that are associated with their behavioral health diagnosis.

To address the opioid crisis and provide access to care for patients with an Opioid Use Disorder (OUD), SOMOS collaborated with VIP Community Services to provide bi-directional referrals and support services.

Buprenorphine is an opioid medication used to treat opioid addiction in the privacy of a physician's office. Buprenorphine can be dispensed for home use, by prescription. This, in addition to buprenorphine's pharmacological and safety profile, makes it an attractive treatment for patients addicted to opioids.

A photograph of three people sitting in a circle, looking thoughtful. The image is overlaid with a semi-transparent blue rectangle. The text "BUPE Program" is written in white, bold, sans-serif font across the center of the blue rectangle. The background shows a room with several chairs and a white wall.

BUPE Program

SOMOS's BUPE program provides SBIRT training to primary care providers so that they are certified to provide patients with buprenorphine to effectively treat opioid addiction. SOMOS also utilizes the Shared Medical Appointment (SMA) model.

The Bupe group is an SMA approach to treating patients with substance abuse disorders. The SMA model allows the provider to provide buprenorphine to eligible patients, while also providing medical education, substance abuse education, peer support, medication. The program also allows for multiple patients to be observed at once in the familiar and non-threatening setting of their own physician's office.

The BUPE group was successfully incorporated in primary care practice offerings. The patient cohort was established for SMA within a few months. Staff was trained on SBIRT and has implemented the process during patient visits. Patients are screened for SMA eligibility and workflow has been incorporated in the referral process.

Evidence-Based Strategies for CV Management in High Risk/Affected Populations (Adults Only) 3.B.I

Since its inception, SOMOS has put a premium on **reducing CV disease manifestations, deaths, and complications**. Strategies implemented focused on improving practitioners' population management, adherence to evidence-based clinical treatment guidelines, and the adoption of activities to increase patient efficacy and confidence in self-management. Additionally, SOMOS engaged the network PCPs in the implementation of the Million Hearts Campaign to ensure that clinical practices in the community and ambulatory care settings are using evidence-based strategies to improve the management of cardiovascular disease.

During all five years of DSRIP, PCPs were trained on the requirements and how to implement CMS's Million Hearts Campaign and how-to engage patients in this project. Every medical practice set up blood pressure measuring stations and all staff were trained on proper measurements and follow through. These protocols were welcomed and implemented throughout nearly 800 practices that also became PCMH-certified.

A vital implementation component of this project has been the Stanford Model Chronic Disease courses that our certified CHWs have been conducting in our communities. This initiative has led to the achievement of high-performance standards concerning the DSRIP metrics for cardiovascular disease, controlling blood pressure, PQI for CHF, and others.

Evidence-Based Strategies for Disease Management in High-Risk/Affected Populations: Diabetes (Adults Only) 3.C.I

SOMOS's **Diabetes Project** was implemented to address one of the major chronic diseases that affect vulnerable low-income communities on a large scale. Improved diabetes care and management are essential for controlling blood glucose levels, reducing risks, and avoiding complications. By making comprehensive diabetes screening, comprehensive diabetes care, diabetes health education, and quality measure implementation the foundations of this project, SOMOS has been able to successfully engage over 200,000 diabetes patients, their families, and care providers, enhancing the health and wellbeing of diabetic patients.

SOMOS trained and certified staff and implemented the Stanford Diabetes Self-Management Program at community-based organizations and even in PCP practices, providing a culturally competent and culturally appropriate setting in patients' preferred language, with all materials available in the major languages of the communities that SOMOS serves. Through these programs, patients with diabetes were empowered to achieve successful self-management practices, decrease rates of diabetes-related complications, and improve Hgb A1c and LDL cholesterol measures.

Asthma Project 3.D.III

SOMOS's implementation of Evidence-Based Medicine Guidelines for **Asthma Management** works with culturally aligned primary care provider offices located within the same geographical areas as the targeted population. Included in SOMOS's network are specialists (e.g., pulmonologists, allergists) who can provide effective, specialized care to our asthmatic population. Our physician engagement team has been conducting on-going training of our network providers.

SOMOS has developed personalized action plans that can be uploaded into an EMR and tagged to be printed along with the patient's treatment plan, including coaching and information to improve medication compliance.

Tobacco Cessation Project 4.B.I

SOMOS's main goal for this project was to decrease the prevalence of chronic disease associated with cigarette smoking and increase the quality of the health in our communities, through the promotion of **Tobacco Use Cessation**, especially among low SES (Socioeconomic Status) populations and those with poor mental health. SOMOS focused primarily on Medicaid recipients within four boroughs of New York City (the Bronx, Brooklyn, Manhattan and Queens).

In October 2018, SOMOS staff was trained by the American Lung Association to become facilitators for the Freedom from Smoking Program. The team conducted their first workshop at a CBO in one of our hotspots. This program consists of eight sessions that use pharmacological and psychological principles to help smokers quit. SOMOS has been working diligently on implementing the **Freedom from Smoking Program** within our communities and provider practices.

Furthermore, we analyzed the CNA data to understand the prevalence of tobacco use in specific areas. SOMOS staff developed Care Coordination Plans using Evidence-Based Protocols as part of the Integrated Delivery System.

Chronic Disease Prevention 4.B.II

Delivery of **high-quality chronic disease preventive care and management** can avert much of the burden of chronic diseases and avoid many related complications. Many of these services have been shown to be cost-effective or even cost-saving.

The main objective of this project is to increase the number of New Yorkers who receive evidence-based preventive care and management for chronic diseases.

The project addresses clinical and community preventive care for chronic diseases (e.g., cancer, hepatitis B and C, HIV), obesity and vaccinations. These protocols assist in educating practices and providers on criteria of how, when, and to whom screenings and/or preventive measures and education should be offered.

SOMOS has also created numerous culturally and linguistically sensitive educational materials that target the populations we serve. Furthermore, educational campaigns have been developed and implemented within our communities. These range from health education seminars, health fairs where screenings are offered, and workshops such as those promoting the DASH Diet.

Finally, SOMOS staff have been trained on HEDIS measures in order to help our providers achieve optimized best practices when it comes to coding, proper documentation, and implementing evidence-based quality improvement. Our Physician (Provider) Engagement Team provides ongoing on-site training and education at individual practices on the implementation of protocols and procedures. SOMOS has also established CDSS alerts and run registry reports to send reminders in order to supply providers with the tools that they need for effective and timely patient engagement.



Network Support

SOMOS's Financial Sustainability Plan identified potentially financially fragile providers within our network who would benefit from early intervention, including retraining in medical billing. This initiative offered a path to stabilization for providers so that they could continue offering medical services to the communities in which they currently serve.

Through the establishment of the PCMH assistance program for network providers, SOMOS has allocated over \$15 million to-date to help approximately 446 practices to reach the PCMH level 3 NCQA certification designation.

The PCMH (Patient-Centered Medical Home) program at SOMOS is transformative, with a strong focus on evidence-based practice, population management, coordination of care, HIT integration, and practice efficiency. Such applications will be imperative as the health-care system transitions to the Value-Based Payment formula.

Achieving PCMH standards provided SOMOS practices and providers with assistance in obtaining as much as 40% of the Quality Measure required under SOMOS PPS' reporting requirements.

SOMOS's practices and providers who were recognized during the five years of DSRIP for improving the quality of services they provided to their patients were eligible to receive over \$50 million dollars in additional Per-Member/Per-Month (PM/PM) payments. These payments were directly reinvested to improve the infrastructure of the neighborhood primary care provider practices, to enhance still further the quality of care offered to the communities in which they serve.

To reward the achievement of Value-Based Payment standards, SOMOS's funds-flow model distributed the most funds of any PPS to physicians (approximately \$94 million) and \$154 million in total was distributed to Medicaid SafetyNet providers, which consisted of PCP, Non-PCP, Clinic, Hospital, Case Management, Mental Health, SNFs/Nursing Home, Pharmacy, Hospital, CBO & All Other Partners. SOMOS is conscious that our network providers need professional development tailored to address their unique circumstances as health-care professionals in underserved communities.

SOMOS hosted its First Annual Conference on Neighborhood-Based Primary Care on June 11, 2019 at the New York Academy of Medicine. Over 450 physicians, nurses, community leaders and other partners attended the conference.

The conference highlighted the need to:

- **Integrate behavioral health and primary care**
- **Build a structure in which the social service sector works closely with primary care providers**
- **Demonstrate the accomplishments of the PPS at the state level to advocate for further policy reform**

During the conference, SOMOS network providers and their staff attended workshops and lectures on various topics such as Value-Based Payment, the implications of public policy and research for primary care, and how to address the Social Determinants of Health.

SOMOS distributed over twenty million to physicians and specialists in DY5. At the conclusion of DSRIP, over \$154 million has been distributed to our network providers and partners.



Conclusion

SOMOS has consistently either achieved or surpassed DSRIP goals, furthering New York State’s agenda to transform the previous inefficient system into a thriving, data-driven, evidence-based, progressive and sustainable health-care system offering superior care to the most vulnerable and long-underserved Medicaid recipients.

SOMOS—the State’s only multicultural physician-led network of health-care providers serving hundreds of thousands of New Yorkers—is undoubtedly part of the change that New York State’s health-care system has been waiting for. We are a group of primary care physicians who came together as independent small, community-based and community-centric business owners to design a Medicaid delivery system that lowers the cost for the people of New York, even as it provides high-quality care and improves the quality of life for poor minority populations.

SOMOS succeeded in implementing six of the 12 VBP pilot programs in New York State; in recognition of that accomplishment, the NYS Department of Health gave SOMOS the VBP Innovator designation. With one advanced level 2 and two level 3 VBP contracts, SOMOS is one of only three health-care entities to gain the Innovator designation and the only physician-led network to do so. Our success has amply demonstrated that primary care physicians are crucial to transforming the publicly funded health-care system.

These community leaders are playing a critical role in the unparalleled overhaul of the healthcare delivery system in New York now underway. SOMOS—with its practice transformation teams, Community Health Workers and other forms of support—has put our doctors in an optimal position to succeed.

In the past five years, SOMOS has created a blueprint for the transformation of the health-care delivery system in New York and beyond. The burning question is what will happen now that the federal and state governments have decided not to renew the DSRIP mandate. After five years of significant investment—the fruit of government’s commitment to reform—the sudden end of the program has come as a major disappointment.

Our success has clearly shown that VBP can and should be the driver for health-care reform. We, therefore, call for a non-partisan commitment of the political leadership to invest in taking advantage of best practices developed under DSRIP, taking note in particular of the role that can be played by doctors as independent, community-based small business owners serving the neediest patients. With the pandemic giving the task at hand even greater urgency, such a commitment would safeguard the legacy of DSRIP and lay the foundation for the success of the long-term transformation of the health-care system.

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