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IT TAKES A VILLAGE TO SERVE THE MOST VULNERABLE

By Mario J. Paredes

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According to the *Harvard Gazette*, we need to examine three related problems to tackle health inequalities: “The first and most critical issue involves disparities in health itself: rates of asthma, diabetes, heart disease, cancer, drug abuse, violence, and other afflictions. The second problem involves disparities in care, including access to hospitals, clinics, doctors’ offices, skilled professionals, medical technology, essential medicine, and proper procedures to deal with disease. The third problem is one that has grabbed national headlines in recent years, inequality in health insurance and in the financial means to pay for the care people need to stay well.” These issues are basic and nothing new.

The Patient Protection and Affordable Care Act (ACA) signed by President Obama has narrowed the gap in health insurance coverage, “but those gains,” continues the *Harvard Gazette*, “so far have translated to limited advances in ensuring access to quality medical care and even less progress in making diverse groups equally healthy.”

Closing this unjust gap can begin with three simple steps: communication, education, and action. SOMOS COMMUNITY CARE was conceived in accord with those principles and designed to communicate and educate the population in conjunction with action to reduce inequality.

It is very common for our network of 2,500 physicians all over New York City to encounter low-income people—most of them people of color—especially those with poor English-language skills, and an evident lack of healthcare resources, while being at a particular disadvantage in trying to find a good healthcare program or a doctor.

Caring for Hispanics, Asian Americans, and African Americans, SOMOS doctors go the extra mile in learning not only about their patients’ medical conditions but also about their environment.

Patients’ social conditions are taken into account as Social Determinants of Health (SDH), such as employment, poverty, education, housing and living conditions, and other factors that can directly impact a patient’s physical health and emotional well-being,

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In this effort, SOMOS doctors are assisted by Community Health Workers (CHWs) who are active in the community through partnerships with Community-Based Organizations such as R.A.I.N., Total Care, Inc., New York Health Homes Collaborative (NYHHC), God’s Love We Deliver (GLWD), Best Life, and Queens Family Connect Partnership.

The relationship of trust that the CHW worker, partnered with SOMOS, establishes with members of the community enables our doctors to improve the quality and cultural competence of healthcare delivery, which makes possible personalized communication, education, and medical treatment. This includes attention paid to behavioral health.

Some of the services CHWs provide are reminding patients of their doctor’s appointments, visiting patients’ homes to ensure the absence of toxic substances such as asbestos or mold, and monitoring the financial health of the household, as it may be affected by unemployment issues, etc.

CHWs make sure doctors have a comprehensive grasp of their patients’ needs. What’s more, SOMOS doctors’ practices serve as so-called Patient-Centered Medical Homes that facilitate, coordinate, and keep track of all the care a patient receives, including treatment by specialists.

This healthcare model offers a vital alternative to hospitals, whose administration prioritizes profitability and the construction of environments that do not help the most vulnerable community—Medicaid patients. Healthcare establishment policies favor hospitals and hospital-based systems, failing to be aware of potent alternatives, and valuable healthcare models that should, at a minimum, be granted a complementary role in the U.S. healthcare universe. They would then accordingly qualify for federal aid.

SOMOS follows a model that is driven by the Value-Based Payment (VBP) formula, one of the most promising innovations in healthcare for the most vulnerable. VBP means that physicians are compensated according to the longer-term health outcomes of their patients. The healthier the patient, the greater the doctor’s compensation.

SOMOS puts its doctors in the best position to provide optimal care, thanks also to the focus on SDH, which gives doctors an intimate knowledge of a patient’s circumstances. In addition, the VBP model helps create an authentic bond between doctor and patient, as well as with the patient’s family. This bond of trust—like the relationship CHWs establishes with patients—is key to the provision of superior healthcare.



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Such a connection is simply impossible in hospital settings, where the interaction with patients lacks proximity at all levels. What is more, SOMOS’s innovative “village” model of quality care—featuring collaboration among doctors, CHWs and Community-Based Organizations—translates into healthier patients and keeps people out of emergency rooms and costly hospital beds. By reducing hospitalizations and ER visits by 25 percent, SOMOS has already saved New York State taxpayers more than \$300M.

Yes, it does take a village and much effort to serve the most vulnerable. Plus, with our network of doctors and our Community-Based Organization partners, SOMOS is performing a social duty not only for the most vulnerable communities but also for taxpayers.

Mario J. Paredes is CEO of SOMOS Community Care, a unique inner-city network of 2,500 New York City physicians—most of them primary care physicians—serving some one million of the city’s most vulnerable patients with innovative care. SOMOS got its start as a so-called Performing Provider System as part of New York State’s Delivery System Reform Incentive Payment System (DSRIP) program.