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## **CITY MD VS. SOMOS COMMUNITY CARE— A STUDY IN CONTRASTS**

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A two full-page advertorial in *The New York Times* published on November 17, 2023 sang the praises of City MD and the host of differently named urgent care centers as a solution for people confronted with the "glacial pace of getting medical care in New York City and across the country: "It can take weeks to see a primary care doctor, and an emergency room visit can set you back many hours."

There is no disputing the time it takes to get treatment in an ER. Still, the SOMOS Community Care network of over 2,500 mostly primary providers is highly accessible, caring for some one million of New York City's most vulnerable Medicaid patients. City MD—not particularly present in the city's poorer neighborhoods—is an option for those with Medicare or private insurance but not for those with traditional Medicaid coverage. This reality makes SOMOS, in fact, the "City MD" for the underprivileged.

SOMOS offers an answer to City MD's claim that "with primary care doctors overburdened, navigating the current health care system can feel overwhelming for patients." SOMOS practices are located in the very communities that are being served, notably neighborhoods that are home to Asian Americans, Hispanics, and African Americans. These community-based practices readily welcome new patients, including those requiring urgent care.

The advertorial cites an example: "a kid who split his chin open at the gym. He was out of the clinic in 25 minutes. He would have waited five hours in the ER, and his primary care doctor isn't trained for that." City MD acknowledges that "primary care is super important—preventative care is huge." That, indeed, is the focus of SOMOS doctors. They are highly qualified to deal with stitches or other emergencies. If needed, those SOMOS doctors would refer a patient requiring urgent specialized care to a colleague in the community.

There is no disputing the need for primary care doctors. City MD argues that the model of care they provide has changed: "At one point in time, if you had a problem, you would call your primary care doctor. They would interrupt their dinner to take your call and give you advice. That model has become less prevalent."

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This claim touches precisely on SOMOS's unique contribution to the New York State healthcare universe: the restoration of the family doctor of old as a trusted figure and community leader who has a bond with patients and is intimately familiar with patients' medical situations and overall circumstances—someone, indeed, who will take a call at dinnertime.

SOMOS care revolves around the patient-doctor relationship, carefully nurtured and fed with doctors' critical knowledge of their patients' lives. The provider gets vital information about his patient thanks to the work of Community Health Workers, who are doctors' eyes and ears in the community. They visit patients' homes to remind them of medical appointments, assess conditions in the home and the neighborhood, and gather pertinent information about the family as a whole.

Patient intelligence gathered in this fashion includes the so-called social determinants of health: social factors—poverty, subpar housing, and lack of access to healthy foods and other conditions—that can impact both mental and physical health. SOMOS doctors also engage Community-based Organizations to help address patients' social needs. The awareness of a patient's social and environmental circumstances is impossible for City MD doctors, who only get a snapshot of the overall condition of the people they see.

The City MD advertorial cites a finding by the American Medical Association that there is a growing shortage of doctors in the US, which is particularly true when it comes to PCPs. The AMA reports that the causes of the lack of doctors include burnout and "shrinking Medicare reimbursements." The same is true for Medicaid reimbursements, but SOMOS doctors have an edge as they have signed on to the Value-Based Payment model, which stipulates that providers' compensation is tied to the longer-term well-being of their patients. SOMOS doctors are paid extra for going the extra mile. Thus, their earnings are significantly boosted.

Finally, the advertorial states that, besides the shortage of PCPs, doctors "are spending their time doing administrative duties, rather than treating patients." On this score, too, SOMOS has developed a solution: training doctors' staff to take on the bulk of administrative responsibilities, such as the careful maintenance of Electronic Health Records—thus freeing doctors to focus on their patients.

Of course, City MD meets a need and offers convenient access to medical care. However, there is no substitute for the intimate, comprehensive, and preventative health care at the heart of SOMOS.



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