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DESPITE NATIONAL UNCERTAINTY, NEW YORK CONTINUES TO REFORM HEALTH CARE DELIVERY FOR THOSE MOST IN NEED AS DSRIP PROGRAM ENTERS THIRD YEAR

Advocate Community Providers, New York's Only Physician-led PPS, Looks Toward Pay-for-Performance Innovation as Medicaid Redesign Initiative Moves Forward

NEW YORK, April 4, 2017 -- Governor Andrew Cuomo's ambitious initiative to transform and restructure New York State's health care delivery system – the five-year, \$6.42 billion Delivery System Reform Incentive Payment (DSRIP) program – entered its third year on April 1. With nearly 3,000 physicians and partners serving 650,000 Medicaid beneficiaries, [Advocate Community Providers](#) (ACP) is the second-largest Performing Provider System (PPS) and the only one led by physicians. Nearly halfway through the DSRIP timeline, ACP is delivering high-quality, patient-centered care while working to drive down costs and change how Medicaid beneficiaries receive their health care in New York.

Year three of DSRIP brings with it added emphasis of shifting physicians toward a pay-for-performance model, and away from the traditional fee-for-service payment model. At a time of national uncertainty surrounding health care, New York's transformative health care delivery system is an example of a new, sustainable, patient-centric model focused on quality of patient outcomes – not volume.

“The pay-for-performance model is the future of health care and our physicians are already managing their practices with this mindset in the communities we serve,” **said Mario Paredes, Chief Executive Officer, ACP.** “As we enter year three of DSRIP, our network will continue to educate patients and providers about this patient-centered, physician-led health care delivery model. We are proud to continue to lead this much-needed transformation to value-based preventive care that will serve as a model nationwide.”

Under DSRIP, 25 PPSs were created and funded to lead an ambitious initiative to improve health care outcomes for Medicaid beneficiaries while reducing avoidable hospitalizations by 25 percent in the short span of five years. DSRIP is a central component of the New York State's Medicaid redesign “Triple Aim” of improved care, better health and reduced costs.



Unlike hospital-led PPSs, ACP leverages the longstanding personal relationships and cultural awareness of its 2,000 neighborhood physicians and 950 providers. ACP physicians often live and work in the same communities as their patients, which breaks down the linguistic, cultural and socioeconomic barriers that have traditionally impeded access to care in underserved communities.

“This is just the beginning for ACP and the DSRIP program as we continue to improve health care access and quality of care we provide to New Yorkers,” said **Dr. Ramon Tallaj, Chairman of the Board**, and **Dr. Henry Chen, President of ACP**. “We are tremendously proud of our accomplishments thus far and are continuously impressed not only by the level of care provided by the physicians in our network, but the inroads we have made in these hard-to-reach and high-risk communities. This progress and success is a direct result of ACP’s unique offerings and our network’s ability to communicate with our patients on a personal, culturally competent level.”

To date, ACP has distributed the highest percentage of funds to physicians of all 25 DSRIP PPSs – 40.8 percent to Primary Care Physicians (PCPs) and 6.1 percent to non-PCPs, versus a statewide average of 3.89 percent and 0.73 percent.

In its first two years, ACP has implemented the following initiatives, directly reflecting the organization’s mission and core values:

- **Promoting Preventive Care:** ACP has increased access to primary care and specialty services to narrow gaps in care and reduce health care disparities. ACP’s Community Health Workers help patients navigate changes in care and connect with specialists, PCPs, and resources.
- **Offering Cultural Competency:** ACP’s physicians and community health workers, who speak the same languages, understand the culture of their patients, and practice in their neighborhoods, are working to improve health literacy reduce emergency room overuse.
- **Educating Patients:** ACP has focused its educational efforts on chronic diseases most prevalent in these communities, such as diabetes, asthma, and hypertension. Initiatives include wellness fairs in [the Bronx](#) and [Washington Heights](#) and healthy-eating focused book fairs in [Harlem](#), [Flushing](#) and [Brooklyn](#) – target “hot spot” neighborhoods identified in ACP’s community assessment analysis. ACP has partnered, and continues to work with, numerous Community-Based Organizations (CBOs) in Hispanic and Chinese communities to improve patient engagement and encourage participation in various community health events such as the above mentioned. ACP has also adopted the [DASH nutrition plan](#), a proven approach to reduce the risk of hypertension, heart disease diabetes, and obesity and is working to promote and implement the plan throughout the communities they serve.

For more information on ACP or DSRIP, visit <http://www.acppps.org/>.



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About Advocate Community Providers

Advocate Community Providers (ACP) unites 2,000 individual independent physicians with 950 hospital partners and community-based organizations dedicated to health, wellness and social services in lower-income, underserved Hispanic, Asian and African-American communities throughout New York City. Representing 650,000 patients across four boroughs of New York City, ACP was created in partnership with Northwell Health (formerly North Shore-Long Island Jewish Health System).

ACP's mission is to convene safety-net providers, partners and other stakeholders to create a culturally competent patient-centered, comprehensive and coordinated service care model to meet the needs of individuals and families participating in Medicaid. ACP is one of 25 Performing Provider Systems (PPS) in New York's Delivery Reform Incentive Payment program (DSRIP) to transform the State's Medicaid system. DSRIP's goals include reducing avoidable hospitalizations and ensuring that Medicaid beneficiaries and their families switch to a community-based care system that emphasizes preventive care over reliance on the emergency room.