ADVOCATE COMMUNITY PROVIDERS

From the desk of the CEO
Mario J. Paredes

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True healthcare reform calls on doctors to become agents of social change

For now, although not for lack of trying, Congress has failed to dismantle the Affordable Care Act, better known as Obamacare. For now, the Act's Medicaid provisions remain in place, which opens a window for reform-minded defenders of Medicaid to offer solutions that make the entitlement program more efficient and less prone to fraud and waste.

On that score, it was heartening to see the administrator of the Centers for Medicare and Medicaid, Ms. Seema Verma—writing recently in The Wall Street Journal—advocate for a "shift away from a fee-for-service system that reimburses only on volume and [a] move toward a system that holds providers accountable for outcomes and allows them to innovate." She aims for the federal government to be "launching transformative new models" of administering Medicaid.

Among the innovators, one figure who stands out is Jason Helgerson, the Medicaid director for New York State. He is the visionary behind the state's Delivery System Reform Incentive Payment (DSRIP) program. At the heart of the initiative, now in the third year of a five-year mandate, is a Value-Based Payment model that replaces fee-for-service with a pay-for-performance approach that compensates providers according to the longer-term health outcomes of the patients.

At the end of its five-year run, DSRIP is projected to save New York State $12 billion, thanks to a reduction by 25 percent in unnecessary hospitalizations. DSRIP approaches this overarching goal from many directions to ensure that Medicaid beneficiaries lead healthier lifestyles and better manage chronic conditions, thus avoiding visits to the emergency room and costly hospital stays. It's a carefully coordinated effort that engages doctors and their staff, deploys the resources of community organizations and Community Health Workers and, very importantly, engages the patients themselves.

Helgerson's vision calls for the restoration, or the reiteration, of the role of the primary care physician, the family doctor, who is ideally based in the very neighborhoods where his or her patients live, literally speaking their language and, oftentimes, sharing their cultural and ethnic background. He believes that even in today's vast urban settings, a degree of intimacy in the doctor-patient relationship is not only possible but is essential to improving the quality of Medicaid-provided healthcare.

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The DSRIP program calls for physicians' practices to become Patient-Centered Medical Homes (PCMHs), a rigorous certification that employs best practices such as robust Electronic Health Records, care coordination, cultural competency, and promotion of health literacy. Also factored are the so-called social determinants of health—an individual's living conditions, state of employment, educational, and economic status — which Helgerson terms "the conditions into which people are born, grow, live, work and age."

It is on this front that Helgerson calls on doctors to become community leaders who encourage and facilitate what he calls "cross-sector" collaboration by seeking out local experts who specialize in housing issues, or who deal with employment, education, substance abuse, and the criminal justice system. Difficulties of varying degrees in these areas, from subtle to severe, have an inevitable impact on an individual's physical and mental health.

The realization is that a patient's medical condition cannot be adequately treated in isolation from the social factors that affect physical wellbeing—the social determinants of health also need to be tackled to make possible solid, lasting, positive health outcomes.

Through the mechanism of the Patient-Centered Medical Home, doctors can play a central role in facilitating collaboration that addresses medical needs, mental health, and social determinants of health. The ultimate goal is for all the players to integrate their activities for the benefit of Medicaid patients, medical and otherwise.

Clearly, such collaboration—"systems level coordination," as Helgerson terms it—is not easy. Such unprecedented teamwork, says Helgerson, hinges on five conditions: "a common agenda; shared measurement; mutually reinforcing activities; continuous communication; and strong backbone support."

As a working model, Helgerson points to the "The Albany Promise," a collaboration in New York's state capital between pediatricians and early-childhood educators. The project is tackling the reality that many children enter formal schooling with significant, but undetected, developmental delays that make them ill prepared for the learning process.

This poor start poses a risk to a child's entire academic career, perhaps marking the beginning of a vicious but avoidable cycle with a decidedly negative life-long impact.

"The Albany Promise," writes Helgerson, is creating a "cradle-to-career partnership" by using state Medicaid resources to incentivize doctors who see children up to age five, before

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they enter school—for immunization and wellness appointments—to also become mindful of developmental factors; and to refer their patients, as needed, to early childhood educators for their expertise in "building cognitive and emotional abilities."

This unique collaboration—requiring careful coordination and communication among the various providers of key services—is not proving easy to pull off; often, it is very difficult for families to recognize their children's needs and gain access to appropriate medical and developmental care. And, of course, the professionals involved face a learning curve in working in tandem with colleagues from entirely different disciplines. Yet, in Albany the burgeoning partnership coordinating the work of various disciplines holds enormous promise.

At SOMOS Healthcare, formerly Advocate Community Providers (ACP), one of 25 so-called Performing Provider Systems (PPSs) mandated to operate under the provisions of DSRIP, we are proud to be building our capacity to deliver comprehensive care to patients in New York City—many of them poor and vulnerable. That care is increasingly taking into account medical needs, mental health, and the social determinants of their overall well-being.

As the only PPS led by physicians, our practices are neighborhood-based, readily accessible, and matching as much as possible our doctors with communities that share their ethnic and linguistic background. That gives us a huge leg up over hospital-based systems. But they, too, are called to provide comprehensive care that takes into account all the factors that impinge on an individual's mental and physical health.

Taking into account the social determinants of health is the future of smart healthcare in the U.S.—it will form the basis of genuine, transformative reform that benefits all constituencies: patients get better, more comprehensive care; physicians are rewarded for going the extra mile; legislators can point to more efficient Medicaid spending; and all Americans can see substantial savings in how their tax dollars are spent.