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The Promise of Genuine Healthcare Reform

By Mario J. Paredes

Now in its second year, a major healthcare reform initiative is underway aiming to provide high quality, comprehensive Medicaid-sponsored healthcare to many thousands of New York City's poorest and most underserved patients and their families.

The New York State Department of Health is on a mission: it has allotted $8.25 billion in funding to the state's 25 so-called Performing Provider Systems (PPSs) driving a five-year pilot program: The PPSs are empowered and challenged to produce long-term positive health outcomes for many thousands of Medicaid patients, while reducing unnecessary hospitalizations by 25 percent come spring 2020—a savings of many hundreds of millions of dollars for New York State taxpayers.

Improved quality of care combined with significant cost-reductions—it almost sounds too good to be true. Yet, such is the innovative vision has been developed in Washington, D.C. and in Albany: it's called the Delivery System Reform Incentive Payment Program or DSRIP. The secret? Better preventive and follow-up care through the close accompaniment of patients spearheaded by their primary care physician and teams of Community Health Workers.

Doctors no longer simply charge for visits, procedures and tests. Instead, they will get paid— and, if things work out according to plan, be compensated better than under the old system—according to the longer-term health and well-being of the people under their care. That level of comprehensive care will also include mental healthcare, as needed, to make for treatment of the whole person.

This opportunity of offering the most vulnerable patients a holistic package of services whose parts are organically connected—for example, family members of a patient diagnosed with emphysema are urged to stop smoking themselves; children and partners of obese patients are monitored; homeless or unemployment patients are given access to city services—lay at the heart of the founding of Advocate Community Providers (ACP). It is the brainchild of our Chairman Dr. Ramon Tallaj, a veteran Bronx-based internist, and it's the only physician-led PPS in New York State.

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The fundamental approach of ACP goes to the heart of DSRIP reform in terms of building a close bond between Primary Care provider and patient: ACP heralds cultural compatibility or cultural competency: ACP patients are served by physicians, social workers and other providers that share their ethnic background and whenever possible the same neighborhoods. Hispanics serving Hispanics; Chinese-Americans serving Chinese Americans; African-Americans serving African-Americans.

This cultural affinity gives caregivers a leg up in understanding how non-medical, cultural factors impact a patient's health and responsiveness to treatment and advice. The cultural connection between doctor and patient greatly facilitates DSRIP's insistence on a patient-centered healthcare delivery model. This is already turning out to be a key factor in patients' feeling cared for and consequently being more responsive to taking directives, following doctor's orders and not waiting until it is too late—when the emergency room or hospitalization become the last resort.

What's more, as a physician-led healthcare network, ACP avoids the inevitable impersonal quality that is part and parcel of the other 24 PPSs in New York State who are led by large hospital systems. Their sheer size and bureaucratic make-up make one-on-one, physician-patient relationship building much harder to achieve.

The total number of patients served by the ACP network currently stands at more than 312,000; they are cared for by more than 2,000 providers. Assessment of the state of ACP patients' human flourishing is highly data driven. Cutting-edge technology will allow for the assessment the health outcomes for the entire Medicaid population cared for by the ACP network of doctors, clinics, hospitals, pharmacies, mental-health specialists, etc. Data are derived from Electronic Health Records (EHRs) and these are now being merged and matched with data registering Medicaid insurance claims.

This technological revolution will allow state and federal governments to readily identify problem spots, waste and fraud. Currently, some 10 percent of the country's annual Medicaid spending of $829 billion is lost to fraud!

Health care experts, impressed by the early successes of DSRIP, are eying potential applications to healthcare across the board. So far the Affordable Healthcare Act has failed to deliver. There is the potential for the government and health insurance companies to team up and make a dent in an embarrassing statistic: Between 1990 and 2010, while healthcare spending in the US has skyrocketed, the country's healthcare ranking compared to other developed countries has consistently declined.

This revolution in thinking about healthcare is the backdrop, the impetus for DSRIP: the country must find a way to provide affordable and sustainable quality healthcare for all Americans. We have been spending more, but yet are obtaining poorer results.

ACP is on the forefront of a new health-care economy that is putting the patients and their families first—with results measured in terms of long-term patient well-being and hence the accountability of the overall treatment is put in the spotlight. The actual level or quality of care should no longer be expressed in the level of billing for fee-for-service, transactional medical treatment.

For too long, policy-makers have looked at the country's healthcare system from an economic perspective, with an emphasis on spending policies. This has led to a neglect of the social and cultural dimension of healthcare. Under DSRIP, the quality of comprehensive medical care is measured not in terms of money spent on or available for their care but on the degree of patients' human flourishing.

The provision of healthcare and overall social services must occur on a physical, social, and emotional continuum. The traditional approach to serving the poor has relied on a soulless, bureaucratic and waste- and fraud-prone system—one, which, furthermore, encourages passivity in beneficiaries.

That is the beauty of ACP's highly cost-effective, innovative and deeply personal approach: the provider is able to build an enduring bond with his or her patients; and their overall well-being, moreover, is being monitored by our growing army of social workers and medical assistants, who keep track of patients' progress, make sure appointments are being kept and directives observed.

ACP workers make home visits to, to ask questions such as: Are diets adhered to? Is the patient exercising? All these dimensions figure into ACP's approach to serving some of the poorest men, women and children in New York, who are offered a sequence of comprehensive diagnosis; prevention; early intervention and treatment; and promotion of healthy lifestyles.

The ACP formula makes it possible that a variety of factors that can compromise health outcomes are effectively monitored and addressed in an integrated fashion: poverty, social isolation, joblessness, food insecurity, drug abuse, psychological and/or psychiatric issues, etc. At ACP, the human person is front-and-center, both as a recipient of a range of services and as someone responsible for his or her own well-being too.

As healthcare officials at both the federal and state levels keep a close eye on the progress of ACP and its fellow PPSs, the vision for a brighter future for healthcare for all Americans is slowly coming into view.