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**ACP General Assembly—June 7, 2017:
Opening Remarks
By Mario J. Paredes**

Dear colleagues and friends, good morning!

It is my joy and privilege to stand before you as we gather together for our quarterly General Assembly, and to introduce our program featuring special guest speakers, department and clinical program updates, employee recognition, and the assignment of new roles and responsibilities.

Above all, today's program is about getting everyone at ACP on the same page... energized and motivated as individuals and as a team to do our part on the promising and challenging road ahead.

Our meeting today is an occasion to take a fresh look at the very core of our mission as the only physician-led Performing Provider System mandated by the New York State Department of Health's DSRIP program.

It bears repeating that ACP is the only DSRIP network that is not run by a large, corporate hospital system. Ours is a network of independent physicians. These small business people, these entrepreneurs, have come together through ACP to fight for continued independence – indeed, survival – in a health care system dominated by hospitals.

This is the essence of what ACP stands for: Primary care physicians who have committed their livelihood on longer-term health outcomes—the human flourishing—of New York's most vulnerable patients. With the transition to value-based payments, these neighborhood doctors will be rewarded for the health of their patients. These physicians answer their high calling by working harder for their patients.

Compensation for office visits, tests and other procedures—transactional health-care services, if you will -- are the hallmark of the current fee-for-service model. Clearly, this model tips the scales in favor of the large hospital systems that can profitably move patients from doctor to specialist to exam to procedure.



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In contrast, the DSRIP formula stipulates that the level of payment will be determined by the enduring, holistic mental and physical well-being of patients, and in future also will take into account educational, social, and economic factors.

A new focus on preventive care – in communities that culturally and historically have relied on the emergency room for care – is intended to dramatically shift the health care system from treating illness to supporting human flourishing.

No one understands the difficulty of this challenge more than all of you in this room. You are from these communities. You understand the culture. You visit the doctors in their offices and the patients in their homes.

You are what make ACP different, and I thank you for your dedication and hard work.

In the communities we serve, generations of patients have lived by the old system. They see a doctor when they're sick. They go to the emergency room as a place for routine care.

Behavior change on this scale is a monumental undertaking. Yet that is what we at ACP have committed to do! And, with our vast network of tireless and dedicated neighborhood physicians, no one is in a better position to disrupt the status quo and bring about lasting change for the benefit of the vulnerable human beings we serve.

This model is poised to revolutionize care for underprivileged Medicaid patients, even as it saves New York taxpayers billions of dollars in unnecessary hospitalizations. Monies saved, moreover—in the brilliant vision of DSRIP architect Jason Helgerson—are reinvested in the DSRIP program. The program is treated in the manner of a start-up fueled by venture capital—a system geared to ongoing fine-tuning and improvement, benefitting patients and their doctors alike.

Incredibly hard work and dedication have brought us to this midpoint of the DSRIP mandate, which, on April 1, 2017, moved from “Pay for Reporting”—which facilitated the recruitment of doctors into the ACP network—to “Pay for Performance.” As you know, we have begun to execute, in real-time, the “Value-Based Payment” model.



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All hands on deck! As I have said before, we are now playing for keeps. This where the rubber hits the road!

Each and every one of us must do our utmost to meet the performance standards set by DSRIP across all clinical areas in order to earn maximum DSRIP funding. We cannot lose sight of the fact that every dollar of our DSRIP award must be earned.

This is ACP's only source of revenue; it is essential for the operational vitality of our organization, the remuneration of our doctors and—most importantly, in the ultimate sense—the well-being of the patients in their care.

Ours is a highly complex operation. For example, our growing cadre of Community Health Workers is working ever more closely with ACP doctors to ensure that patients stick to medical protocols; our IT department is building connectivity and analytics to ensure optimal reporting to DOH; our PMO and Provider Engagement teams are working to give ACP providers better insight into the performance of their practice and the health of their patients.

ACP staff from all departments play a key role in turning primary care physician's offices into Patient-Centered Medical Homes—the nerve centers for the monitoring and execution of comprehensive medical care for our patients. We must provide our doctors—and, through them, our patients—with the highest level of service across the board. That duty is at the very heart of our mission.

Needless to say, if ACP fails to meet DSRIP milestones henceforth, our organization and our doctors will suffer financially and ACP's hard-earned credibility will suffer. All eyes are on ACP.

As the only physician-led PPS in the state—as an unproven entity—we have operated since day one under Enhanced Oversight provisions as mandated by the State. The extra scrutiny and input – while time consuming -- has helped us tremendously and we have performed nearly flawlessly so far. But this new chapter of “Pay for Performance” raises the stakes significantly.



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On that score, I want to stress again—as I did last fall—how important it is that each and every one of us give our all for the sake of serving New York’s poorest and neediest patients. We really are in this together.

That, first of all, means that we must make every effort to eliminate what might be called a silo mentality, which limits our professional engagement to our particular area of expertise. Let’s break open those silos and let departments—through clear and cordial communication—be of service to each other.

Let us not be abashed to ask colleagues, including those in other departments, for information or assistance. As our duties allow, let us make an effort to understand what the goals of colleagues in other departments are. Let not pride or insecurity stand in the way of optimal collaboration and collegiality.

Let us be punctual and disciplined in performing our daily tasks—going the extra mile. Later in our program we will recognize employees who are going the extra mile, serving as role models for all of us.

Let high ethical standards, kindness, and politeness govern our actions on and off the clock. Let us avoid gossip and follow proper procedures if, inevitably, thorny issues arise. Let us work with integrity. ACP is not a for-profit company looking out for its own best interests.

We owe a great measure of selfless dedication to the people we serve, our doctors and patients. ACP’s profit is the health of our patients and the business success of our doctors; our common goal is to demonstrate that the “Value-Based Payment/Pay for Performance” model can truly revolutionize the care of New York City Medicaid patients.

The success of this model—better care at lower cost—also holds a promise for all of us beyond the five-year DSRIP mandate. We have many reasons to work our hardest and in the closest possible collaboration with one another. And you may count on your management and leadership that your efforts will not go unnoticed—which is part of the reason why we are together today.

Thank you for your attention. Please enjoy the rest of this great day of fellowship and learning.