



COMMUNITY CARE

New York State's Healthcare Reform Pioneer Takes His Leave

By Mario J. Paredes

On April 6, 2018, after seven years on the job, New York State Department of Health's Medicaid Director Jason Helgeson will leave his post. His tenure was marked by a profound transformation of the State's Medicaid program. It is the challenge, indeed the duty, for all of us working in the field of publicly-funded healthcare in New York to carry on and build upon Jason's legacy and vision.

What Jason wrought is nothing short of astounding: greatly improved quality of healthcare for the State's poorest residents and at sharply reduced cost to taxpayers—the best of both worlds. He was the architect of the Delivery System Reform Incentive Payment (DSRIP) Program. DSRIP—which saw its start April 1, 2015 and will complete its five-year mandate on March 31, 2020—has at its core the Value-Based Payment (VBP) or Pay-for-Performance formula.

Jason saw clearly that the old system is broken. The essence of VBP is that Medicaid health-care providers—a vast army of primary care physicians as well as institutional, hospital-based doctors—are not compensated according to the number of office visits or tests administered, but according to the longer-term health outcomes of the patients. VBP is a radical alternative to the traditional fee-for-service model, which is prone to significant waste and fraud; it gives doctors an incentive to pay closer attention to patients, to ensure that medical regimens are followed, and be mindful of a multitude of factors that impinge on an individual's physical, as well as mental, health.

The admittedly complex DSRIP program, funded by the State's \$8B Medicaid waiver—made possible by the leadership of Gov. Andrew Cuomo—was designed to reduce the number of avoidable hospital admissions in New York State by 25 percent by spring of 2020. This would translate into a savings of \$12B for the State's taxpayers. That is a significant chunk of the \$68B the State spends annually on Medicaid. And in a recent interview, Jason reported that, thanks to DSRIP now in its third year, there already has been a reduction of 15 percent in the number of unnecessary hospital stays. That means DSRIP might exceed the 25 percent mark by the time the program ends.



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DSRIP is funding the operations of 25 so-called Performing Provider Systems (PPSs) across the State. From day one, each of the PPSs had to carefully meet calibrated milestones to guide the transition from the old fee-for-service model to a new pay-for-performance formula. A comprehensive and massive data collection system that is keeping the Department of Health informed about progress in the health outcomes of Medicaid populations. A picture of longer-term health outcomes for patient populations is created by merging Electronic Health Records with Medicaid insurance claims. Careful record-keeping, therefore, and the maintenance of fully secure data-exchange systems are playing a major role in DSRIP.

It was a boon to the DSRIP Program that Jason is such a good communicator. In meeting after meeting in Albany, New York City and throughout the State, he passionately and convincingly advocated for his vision. In addition, he produced a series of online video lectures that have been a great help to staff and providers within the PPSs. Jason and his staff have also been tireless in helping PPSs meet the increasingly demanding DSRIP requirements—encouraging us in overcoming difficulties. Jason was nothing if not bullish about the future of public healthcare in New York State.

SOMOS Community Care is the only PPS that is run by a network of independent doctors, more than 2,000-strong, most of them primary care physicians; while the other PPSs are being run by large hospital systems. In many cases, SOMOS doctors live and work in the same neighborhoods as their patients. At SOMOS our focus is on traditionally underserved minority communities in New York City—Latinos, African-Americans and Chinese Americans. This cultural sensibility—cultural competence—is one of the hallmarks of Jason’s vision; doctors are familiar with cultural factors that may affect a patient’s health and lifestyle.

The primary care providers of the SOMOS network, are in fact, the family doctors of old: DSRIP is making for the reiteration of the neighborhood doctor who has a genuine and intimate bond with patients and their families. Our job at SOMOS is to support the doctors and their staff through our growing cadre of Community Health Workers, ensuring that patients keep their appointments, take their prescribed medicines on time and facilitating home visits as needed. Giving patients such careful and consistent attention is key to the success of DSRIP, especially when it comes to such conditions as diabetes, obesity and cardio-vascular disease, the leading causes of people ending up in hospitals.



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What's more, Jason looked beyond strictly medical conditions. He also advocated that doctors pay attention to the so-called social determinants of health. These include living conditions—for example, with mold and pests being dangerous factors in low-income housing; employment or lack thereof; educational factors, and even criminal justice issues.

These social factors strongly affect individuals and their families and can adversely affect mental and physical health. In fact, Jason's longer-term vision has doctors as community leaders, calling together for joint action housing, education, employment experts and other specialists. This holistic model of comprehensive healthcare is surely the way of the future.

DSRIP has already accomplished what many thought would never happen. In his formal announcement of his departure to PPSs, Jason put it thus: "Organizations are working together as never before and as a result the system is really starting to work like a seamless, patient-centered delivery system focused on results." Crain's reported that Jason "managed to maintain credibility with areas of the industry, including labor, patients, hospitals and insurers, doctors and community groups that are sometimes at odds." SOMOS certainly benefited from the unprecedented cooperation of hospitals in serving our patients in accord with the DSRIP regimen.

DSRIP will continue after Jason's departure. In the long run, however, it really is up to all of us, all the players in public healthcare in New York State, to make sure Jason's vision lives on concretely. With the support of Jason and his senior staff, SOMOS has begun laying the groundwork for continuing not only as a non-profit entity beyond the DSRIP mandate, but for becoming a for-profit company. The latter has the potential of attracting significant investment and of making Value-Based Payment and Pay-for-Performance a permanent, self-sustaining feature of Medicaid in New York State. And success here will, of course, spark efforts across the country.

We will miss Jason's leadership, but we can be confident that his legacy will endure.