October 25, 2019

Public Hearing
Proposed DSRIP Extension
New York State Department of Health

I would like to thank the New York State Department of Health for this opportunity to comment publicly on the proposed DSRIP extension. I am Rose Gasner, Executive Vice President of AIRnyc, a community based organization (“CBO”) delivering home based services throughout New York City since 2001. Based in the South Bronx, AIRnyc is a data-driven and technology-forward organization that serves New York’s most vulnerable people. AIRnyc’s Community Health Workers meet people where they live to improve health, connect families to social care and build health equity at the community level. We collaborate with stakeholders across the spectrum and within the community, including health plans, hospital systems, provider groups, government agencies, and other CBOs, to carry out our mission.

As a CBO partner to four Performing Provider Systems: Bronx Partners for Healthy Communities, Community Care of Brooklyn, Mount Sinai PPS, and OneCity Health, AIRnyc has contracted to provide the asthma home-based self-management program (i.e. Project 3.d.ii) across NYC. Through these partnerships:

- We were recognized as one of the DSRIP “promising practices and successes” in the DSRIP extension concept paper. We were delighted to receive this recognition and we agree: our organizational model does work!
- We are proud to be one of the organizations that helped achieve the 25% reduction in asthma admissions attributed to the One City Health asthma program in the United Hospital Fund’s DSRIP report.
- Bronx Partners for Healthy Communities recently reported to us that our work reduced ED utilization by 21%, admissions by 51%, length of inpatient stays by 46%, and overall utilization (length of stay plus ED) by 40%.

DSRIP and value based contracting requirements have helped AIRnyc expand its services and engage new partners. In the Managed Long Term Care program, we are now working with plans to address social isolation in their members, as well as members at risk of homelessness.
However, our work extends beyond these limited contracts and digs deeper into rooted issues and causes. We are in the business of enhancing a whole person’s care. For instance, our Community Health Workers provide compassionate care as we meet members in their homes to help to care manage a patient or even a household. Often, when we visit a child with asthma, we also find a parent with diabetes. If we link a family with a food pantry or fix a persistent rodent problem through an asthma visit, the entire family benefits.

We strongly support the extension of the DSRIP program. While AIRnyc has been successful in negotiating direct contracts with several health plans, the current VBP contracting requirements are not enough to move community based organizations into true partnerships with the health care system and allow the groups closest to the patients to address the social determinants of health. Contracting is an important first step; activating contracts so they become substantive opportunities for CBOs to operate services that address the social determinants of health sustainably at scale, over time, is critical.

We reiterate that the State Department of Health should mandate a level of spending on community based social determinant interventions. The current requirements are too vague, and have not resulted in significant investments in social determinant of health interventions. We also urge that data on social determinant health spending be made public, to hold managed care organizations accountable. We understand that such data needs standardization, and we welcome the opportunity to help develop appropriate measures that deliver on patient outcomes.

With regard to the DSRIP extension, the concept paper is a step in the right direction and builds on the successes. We appreciate the recognition of our asthma program, and we hope that our Medicaid managed care partners note our reduction in hospitalizations (25% or 51%), as well as our improvements in the Asthma Medication Ratio HEDIS quality measure. We satisfy the SDOH requirements and save money! We welcome the specific training programs and certification for community health workers. This emerging workforce can play a role in the full range of chronic diseases, and government support for training will pay off in both economic and quality terms.

We applaud the new focus on social determinants of health, over siloed chronic conditions, in the proposed redesign. But the issue of most concern to us in our CBO role is understanding more clearly how the Social Determinants of Health Networks (SDHNs) will work. Any such network should be led by a community based organization. Moreover, many different types of networks of community based organizations have already begun to form. Some are based geographically, around a hospital system; others are being convened through a technology platform. Another model is the creation or extension of an IPA to include CBOs. We understand that working with community based organizations is new to some managed care organizations, and the range of organizations is daunting from a contracting perspective. We urge that whatever role the State Department of Health wants to take in this community based ecosystem, it should do so with the input and advice of the community based organizations.
themselves. It is crucial that the State align with work already being done, and not create a structure that might be at odds.

Lastly, there are some ideas set forth that we believe need more development. Such as how are managed care companies going to play a larger role this time? How will a VDE differ from a PPS? We were happy to see that CBO engagement would be part of VDEs, but want to see them part of the governance of VDEs. The State can mandate that. We also urge that the DSRIP Project Approval and Oversight Panel be maintained, so that a representative group can continue to guide the DSRIP process. We reiterate the need to include CBOs in data sharing, which must be more timely and integrated to optimize meaningful interventions because we all know the importance of being able to measure and track our work.

Community based organizations can play a larger role in improving the health of New Yorkers, and our community health workers are well positioned to help patients in their own homes improve their health. New York State’s efforts to use DSRIP waiver money to facilitate this transformation are welcomed and supported. We look forward to helping make this work and being a part of the conversation and thank you for the opportunity to publicly comment.

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