Anthony “Malik” Wright struggled for years to manage his diabetes, but despite his attempts at improving his lifestyle, his leg was amputated two years ago. After training to become a certified Peer Leader with Health People, Mr. Wright now leads workshops to teach diabetics and pre-diabetics how to avoid his experience. Health People is a community preventive organization that empowers and trains those affected by chronic disease to teach others how to manage their health. Health People plays an active role in BPHC’s diabetes and cardiovascular disease projects.

“I’ve learned to readjust my thinking, my eating, my everything.” What makes participants in his workshops so receptive to his message, Mr. Wright explains, is their shared understanding of living with diabetes. “To make someone learn, they gotta be like you…” he says. “I can tell them ‘If you don’t want to listen to the program, just look at me. I didn’t listen, look at the outcome.’”

Mr. Wright also attends weekly support groups, which to him are a “blessing.” “I’m alive,” he says. “I’ve learned to readjust my thinking, my eating, my everythign.”

Mr. Wright is now a certified Peer Leader of the acclaimed Stanford Diabetes Self-Management Program and leads workshops as part of Health People’s LEAP (Lower Extremities Amputation Prevention) Program.

A Letter from the Executive Director

Dear BPHC Community,

An ambitious effort is underway to transform the way New Yorkers on Medicaid receive healthcare. It is an effort to make healthcare more effective for each patient, while at a lower cost to the system; to address both the medical and social determinants of health.

The (admittedly awkward) name of this program is DSRIP. While it may seem complex and even intimidating, DSRIP ultimately boils down to one thing: getting the care right.

Over a year ago, SBH Health System assumed a leading role in this transformation. It formed a Performing Provider System (PPS): a coalition of over 200 Bronx-based organizations that provide a variety of services to Bronx patients. This coalition is called Bronx Partners for Healthy Communities, or BPHC.

Through ten DSRIP projects, designed to meet our community’s unique health needs, BPHC is building a coordinated, community-based healthcare system focused on the wellness of Bronx residents. This Newsletter will provide insight into what BPHC is, what we hope to achieve, and what we are doing to get there. We are glad to have you with us.

Sincerely,

Irene Kaufmann
Executive Director, Bronx Partners for Healthy Communities
The BIG Picture

Transformation Rooted in Primary Care

Primary care is where patient wellness begins. It is where doctors identify health risks early and connect patients to the care they need; it is where patients learn to manage their own health; and it is the most powerful tool we have to manage chronic conditions and prevent unnecessary hospitalizations. For this reason, we are making sure that every primary care practice in our PPS has the opportunity to become a medical home at the highest level and achieves NCQA recognition as a Level 3 Patient Centered Medical Home (PCMH).

PCMH is a model of primary care delivery dedicated to the “Triple Aim”: improved population health, better patient experience (which includes higher quality of care), and lower per service cost. In other words, PCMH works, and our PPS is working to achieve it at the highest level possible. We understand that establishing an NCQA-recognized medical home may require difficult changes in practice and workflow, which is why we have recruited PCMH coaches to provide guidance and support with the PCMH application and the practice transformation that will follow.

Integration of Community Services in Healthcare Delivery

Picture a child who puffs on an inhaler in a moldy bedroom; a woman for whom a hospital bed is the alternative to sleeping on the street; a man who cannot read the instructions for his diabetes medication. There are countless Bronx residents who must overcome social, economic, and cultural challenges simply to stay healthy.

Community-based organizations are vital members of our PPS because they address these challenges. They complement the work of healthcare providers, connecting patients to the care they need and helping patients stay healthy when they leave the doctor’s office. BPHC will focus on coordinating and integrating community-based social services into the healthcare delivery system, so that they work in tandem with clinical care to treat the whole patient.

Looking Back

10 DSRIP Projects Tailored to Community Needs

In the early stages of DSRIP planning, BPHC conducted an in-depth analysis of the health challenges and the healthcare and community resources in the Bronx. We identified not only which health issues are most common, but also why they are so pervasive. Based on our findings, we customized ten projects to our community’s specific healthcare issues, focusing on chronic disease management, hospital and emergency services, and behavioral health.

Plans for Every Project

After selecting our projects, we immediately began formulating plans to make them come to life. Healthcare experts from our member organizations helped us craft goals and set timelines for each project and for our PPS as a whole. Our entire PPS got involved, teaching us how to best incorporate each organization into each project.

This collective effort helped produce an Organizational Implementation Plan and ten Project Implementation Plans—one for each project. These plans outline BPHC’s goals, and we will be awarded DSRIP funding based on whether or not we meet them.

Formation of the Project Advisory Committee

Our Project Advisory Committee, established in April, guides the work of the whole PPS. The Executive Committee is at the helm, overseeing overall DSRIP implementation. Four Sub-Committees supporting the Executive Committee develop strategies to implement projects, standardize best practices, oversee distribution of DSRIP funds, and deploy staff trained to deliver the highest quality of care.

Looking Ahead

To date, much of the project planning and implementation has been coordinated by BPHC’s Central Services Organization (CSO) and our Project Advisory Committee. But it is our partner organizations, and the staff that work directly with the community, that make healthcare transformation really happen. As we turn our attention to launching our DSRIP projects, we are supporting and preparing our partners to lead the DSRIP initiative on the organizational level.

Some healthcare providers, particularly those that are engaged in multiple projects and have a large number of primary care providers, will need support to coordinate, monitor, and report on their various projects. The CSO is recruiting DSRIP Program Managers to work for these PPS members and facilitate DSRIP implementation. In addition, primary care providers have been connected with experienced PCMH coaches who will help them achieve and sustain PCMH 2014 Level 3 recognition.

This summer nearly 40 BPHC members came together to discuss ways to improve the way organizations work with and support one another. These conversations emphasized the role that community services play in our projects and in the integrated healthcare system that we are working to build.

Looking Back