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Community Engagement is a Must in the DSRIP Program

About DSRIP

New York State Department of Health (NYSDOH) has been embarking on a massive initiative to transform the structure and principles of the $50 billion plus Medicaid Program. This transformation will occur through The Delivery System Reform Incentive Payment Program (DSRIP).

DSRIP in New York is the State's version of a Medicaid waiver negotiated with the federal Center for Medicare and Medicaid Services (CMS) to make available $8 billion over a five-year period. This funding is to be used to transform the health care system of the state with the major goal of reducing of unnecessary hospitalizations and Emergency Room visits by 25% over the five year period. Coalitions of providers called Performing Provider Systems (PPS), commonly led by major hospitals and health systems, are rolling out an array of projects in their geographic areas. For DSRIP, health care providers are required to coordinate together and engage community-based organizations and the communities they serve, especially Medicaid beneficiaries and the uninsured. This is the third Medicaid waiver, but the most ambitious with the highest price tag. The funding is based on the state's MRT program which reduced the cost of the Medicaid program. In order to draw down the federal dollars, the public hospital systems have agreed to use their funds to match the federal dollars.

DSRIP potential to be remarkable hinges on Health care providers, especially hospitals accepting community-based organizations as equal partners and embracing true and meaningful community engagement Only then together we can succeed in the creation of integrated delivery systems, with prevention as the cornerstone of the system, informed by annual comprehensive needs assessments to first identify and plan to meet health needs and address resource gaps, and with the aim of bringing healthcare services deep into the community, and even into the home and away from institutional care.

But our conscience and documented past experience with other New York State Waivers (see link http://www.cphsnyc.org/cphs/reports/chccdp/), continuously reminds us, "beware of the Trojan Horse". We are still in the early stages DSRIP. And *Old Habits Die Hard*. Already we have detected some troubling trends in Brooklyn and the Bronx that appear inconsistent with DSRIP values and aims. And we also see another disturbing trend—the potential concentration and control of health resources in the hands of the powerful *non-safety-net academic health centers*.

Why Community Engagement is a Must?

Commission on the Public's Health System (CPHS) is citywide health advocacy organization fighting for equal access to quality health care for everyone regardless of race, ethnicity, language spoken, gender, sexual orientation, disability, diagnosis, or ability to pay.

Community-Based Organizations (CBOs) and the communities they serve need to be able to define their value as well as meaningful roles/responsibilities within the unfolding DSRIP delivery system transformation via creation of a "CBO DSRIP Blue Print." Demanding tremendous coordination across a fragmented system, DSRIP implementation is already underway within a tight, five-year timeline, making advocacy and public education effort time-sensitive.

The DSRIP program recognizes the value of community/stakeholder collaboration, but most PPSs only nominally include CBOs. As a result, a disproportionate amount of resources made available through DSRIP focus on the institutional needs of hospitals, leaving no planning resources for CBOs to prepare for an active PPS role. This is a huge missed opportunity for NYS. It can be corrected by leveraging the expertise of CBOs, thereby improving the likelihood that reductions in the number of unnecessary re-admissions/ED visits can be achieved. NYS appears to have recognized this CBO potential to contribute as evidenced during a meeting that CPHS, coordinating with 15 CBOs, arranged with the DSRIP leadership of the state DOH. During that meeting, DOH recognized that the role of CBOs should---for the success of all---be better supported, defined, and respected. The state Medicaid Director stated that he will seek funding next year to assist CBO's in forming a consortium. However, since PPS planning is already underway and that DOH funding stream will take time to be realized, immediate resources and organizing is critical to starting this important initiative now.

If DSRIP is to succeed, it must be understood as a health program which incorporates the social determinants of health as fundamental to improving the outcomes of medical interventions. It is CBO's, inherently culturally and socially competent, who hold the key to addressing the social determinants. The hospital-based PPS' are not naturally amendable to this cooperative work. CBOs need to form coalitions that in turn can develop their own Learning Collaborative that will have the capacity to help them negotiate with their respective PPS to validate and incorporate the role of the CBOs. A CBO Learning Collaborative could assess our CBO DSRIP-related special skills, assets and contributions, needs and challenges.

CPHS has already begun preparing for the work by bringing together several organizations in the City to discuss collaboration and strategies around shared concerns and leverage the opportunities within DSRIP. It is critical that the impact becomes statewide and we are working with Medicaid Matters NY to determine possible joint coordination on a statewide level. Based on our several months of ongoing "informal" involvement with over 45 CBO's (i.e. Health People, New York Immigration Coalition, North West Bronx Community and Clergy Coalition's Health Justice Committee, Northern Manhattan Perinatal Network, Mekong, Caribbean Women's Health Association, Coalition for Asian American Children and Families, and Choices in Child Birth), it was agreed to pursue a plan that will lead to sustainable, CBO participation in DSRIP while building specific resources and strategies to enable the hundreds of CBO's who are now nominally members of the PPS's to actually become a partner in these important activities.

CBO's must work together to ensure underserved communities are informed, mobilized, and can communicate their access to health care experience in a safe and unpressured environment. Together we will develop the clout to negotiate with the State for a continued role in DSRIP, and with the PPS's to perform, and be paid for, performing their critical role in bringing in and supporting Medicaid beneficiaries and the uninsured, to obtain health services in their communities.

If you like to be part of these efforts or have any questions, please contact Anthony Feliciano, Director of the Commission on the Public's Health System at 212-246-0803 or by email at afeliciano@cphsnyc.org