NEW YORK STATE | Department of Health | Medicaid Redesign Team

The DSRIP Digest

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PPS Spotlight:
Bronx Partners for Healthy Communities (BPHC) PPS Home-Based Asthma Intervention

As the county rated the "least healthy" in New York State, the Bronx has one of the highest rates of asthma in the United States, including 20% of children and 1 in 11 Medicaid patients.

To help keep patients with asthma healthy and out of the hospital, Bronx Partners for Healthy Communities (BPHC) Performing Provider System (PPS) has partnered with A.I.R. NYC, a trusted community-based organization, to provide asthma home-based services as part of DSRIP Project 3.dii, which is the expansion of asthma home-based self-management program. A.I.R. NYC was selected for its strong community presence and impressive track record in reducing school absenteeism, emergency department (ED) visits and hospital admissions related to asthma. The implementation plan, which A.I.R. NYC co-authored, intends to significantly expand its patient reach and integrate patients into BPHC's PPS network.

A.I.R. NYC Community Health Workers (CHWs) visit homes to help identify and reduce asthma triggers, provide patient education, review medications, refer to integrated pest management, legal services and smoking cessation programs, and coordinate with the patient's clinical team.

All CHWs are equipped with smartphones and tablets for in-field data collection. CHWs are recruited from the communities they serve, enabling them to build trust and inspire behavior change. Additional CHWs were hired as well, allowing A.I.R. NYC to reach more patients.

BPHC believes "cross-pollination" between DSRIP projects key to driving outcomes. Referrals to A.I.R. NYC are being aligned with referrals to care management and are being integrated as "interventions" into care planning, improving access to both programs.

BPHC has also integrated training and referral into critical asthma patient contact points: hospital EDs and discharge planning.

BPHC works with its partners to identify patients with an inpatient or ED visit associated with asthma not in the PPS to refer them to A.I.R. NYC and connect them to primary care to help prevent future ED visits. Additionally, BPHC has a cross-project strategy to facilitate referrals between Health Home care managers, PCPs, Care Coordinators, specialty providers and CBOs. BPHC also uses the information from A.I.R. NYC to gain a better understanding of patients' needs. For instance, CHWs have noted an increased demand for behavioral health and preventive care, so BPHC is exploring the creation of a PPS-wide centralized referral services to refer patients to primary care and behavioral health services.

For more information, contact:
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Recent News

DSRIP Mid-Point Assessment Initial Recommendations

The Independent Assessor (IA) for New York's Delivery System Reform Incentive Payment (DSRIP) Program has completed its Mid-Point Assessment of all twenty-five Performing Provider Systems (PPS).

The Department is pleased with the findings of the review, as all twenty-five PPS demonstrated that they are on a track towards success and effective project implementation. There were no findings for any PPS that would warrant any major restructuring intervention, which is a testament to the hard work and dedication of those who are fundamentally changing the healthcare delivery system in New York State.

The full Mid-Point Assessment timeline can be found on the DSRIP website here.

All Mid-Point Assessment reports and recommendations can be found on the DSRIP website here.

Public comment will be accepted until December 21, 2016 to: dsrip_midpoint@pcgus.com.

Upcoming Events

December 21: Public comment period for Initial Mid-Point Assessment recommendations and Primary Narratives ends

December 30: Final approval of PPS Year 2 Second Quarterly Reports

January 3: Release final Mid-Point Assessment recommendations for 30-day public comment

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