

John C. (Jack) Salo, Executive Director

A New Model for Improving Health in New York State

New York State's five year program to reduce preventable hospital admissions and unnecessary use of hospital emergency departments by those enrolled in Medicaid is rapidly winding down. The Delivery System Reform Incentive Payment Program (DSRIP) was initiated in 2015 to help transform the healthcare delivery system and will end, at least in its' current form, on March 31, 2020.

If you are interested in the impact of DSRIP to date, you can access a number of different reports, dashboards and performance metrics on the [NYS Department of Health website](#). You can also find examples of how the DSRIP initiative is improving health at the individual and community levels by viewing the recent report: [DSRIP Stories of Meaningful Change in Patient Health](#).

On pages 18 – 19 of the report there is a story on the impact of the Rural Health Network Fruit & Vegetable Prescription (FVRx) Program that has been supported through Innovation Fund grant awards from [Care Compass Network](#), the regional agency that administers DSRIP across nine counties in South Central New York.

Through the FVRx initiative, Erin Summerlee, Director of our Food & Health Network Program has worked to connect the bounty of the region's farms and food producers with individuals enrolled in Medicaid who have chronic health conditions. Working directly with primary care providers, and with the support of dietitians from Lourdes Hospital and UHS, patients are provided with vouchers to purchase fresh fruits and vegetables over a six month period. While the project results are still being evaluated, many individual improvements in health have been documented, as well as positive economic benefits resulting from the use of vouchers to procure healthy food from local farms, retail stores and food programs. Learn more about the [South Central NY Fruit & Vegetable Prescription Program](#).

The FVRx Program is a good example of the opportunity for innovative change made possible through the DSRIP initiative. In this case, barriers to nutritious food (cost and access) that can help improve a chronic health condition have been removed, nutrition education is being provided, patients are more engaged with their healthcare practitioners and the healthy food is benefiting not only the patient but entire households.

From my perspective, the keys to moving from opportunity to reality are as follows:

1. Continued investment in the integration of community services and healthcare. DSRIP provided the resources to begin this process but the early successes depend on continued investment and support if a new system of integrated community

support and clinical healthcare is to emerge. It has yet to be seen if the NYS Department of Health policies that require limited inclusion of organizations that provide non-clinical but essential services in new payment models will be supported with sufficient resources to operate at scale and contribute to improving health outcomes.

2. Community organizations involved in the provision of services that are important to health, but not clinical, must have data on the effectiveness of their services with specific patient populations. Healthcare funding needs to be directed towards interventions that work and actually improve health outcomes and behaviors, reduce cost, etc.
3. The progress that has been made in bridging the divide between community organizations and healthcare providers needs to be recognized and celebrated. Bringing together different sectors to realize a common goal requires skill, patience and a willingness to learn and change. Celebrating our shared successes will help inspire us to continue on the journey.

DSRIP has helped to show how community service and clinical healthcare providers can work together to improve the health of individuals and communities. Let's make sure we build on the initial learning and success of these efforts to realize our vision of a healthier community.