



**Community Care of Brooklyn: Tell us a little bit about Comprehensive Pediatrics. Why was your team interested in becoming involved in DSRIP?**

**Danny Eugene, Comprehensive Pediatrics:** Comprehensive Pediatrics has three NCQA PCMH Level 3-recognized offices in Brooklyn and Staten Island. Our mission is to provide the children of our community with the best and most comprehensive newborn, infant, child, and adolescent care available.

We were interested in becoming involved in DSRIP because for years, Dr. Nick Faraci, Medical Director and owner of Comprehensive Pediatrics, suggested that the level of quality and care coordination we provide to our patients must save payors a lot of money. The only problem was that we did not have the necessary tools to prove Dr. Faraci's suspicions. CCB reached out to us and introduced us to the DSRIP program and helped us become PCMH recognized. Then, when CCB started sharing information on value-based payment (VBP) with us, we were able to put the big picture together quickly and truly understand how our transformation efforts were going to help us achieve the Triple Aim (improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care).

**CCB: What are some of the biggest challenges you encounter with your patients?**

**CP:** Since our offices are each located at the centers of multiple cultures, our patients and their families come in with an assortment of personal and cultural beliefs that can affect buy-in. For example, it can be very difficult to change cultural practices or make recommendations related to a patient's diet. Despite the various conditions that patients come in with, developing and demonstrating cultural competence and providing effective patient education is at the root of all of our biggest challenges.

Fortunately, many of the resources that CCB has shared with us address or account for cultural differences. Take Health Coaches for example. We often get really busy at the clinical level, but having a Health Coach enables us to devote extra time to caring for high-risk or high-need patients. The availability of a Health Coach on site also helps us address and debunk what parents learn from reality TV, social media, and Google, which can all work like cultural beliefs and affect anything from medication adherence to vaccine schedules. Our Health Coach works together with parents to achieve the best results for the child by developing individualized care plans, taking all of each patients' medical needs and potential barriers into account, and helping older patients set and achieve self-management goals.

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*The Comprehensive Pediatrics Transformation Management Team with CCB staff*

**CCB: What have you done to address the challenges of making your practice more efficient?**

**CP:** All of this revealed that we were going to need to work really hard on patient and parent education. We now have educational handouts organized for different types of visits for different ages. These provide parents with resources to reference in the future and help to reduce questions and make visits more efficient in the moment. CCB taught us about huddles, and our staff now meet at the end of every day to prepare for the next day's appointments. By coordinating with one another this way, no one here has to enter a patient room and try to figure out the backstory of what's going on. The more we know, the more we become empowered to lead our patients during the visit.

We also learned from CCB that the rate of hospital admissions is extremely high for patients diagnosed with depression. CCB helped us introduce PHQ2, PHQ9, PSC 17, DAST, and AUDIT screenings into our patients' visits. We also worked with THRIVE NYC (Mental Health Corps) to incorporate Behavioral Health Specialists into our practice. If needed, we can now refer our patients to these in-house specialists for immediate care. We have found that parents appreciate this one-stop shop approach, as it saves them time that they otherwise would have spent traveling to and from specialists and to our office for follow-ups.

Through CCB, we can refer our asthmatic patients to a.i.r.NYC, which schedules a home visit with parents to help identify and remove or reduce triggers that may aggravate the patient's asthma and potentially lead to an inpatient admission. Our Health Coach oversees the referral and follow-ups with patients, updating or creating new self-management goals as needed.

**CCB: What was your experience changing all of these things within your practice?**

**CP:** Change is never easy, and of course, all of this didn't go off without a hitch. As we began to embark on all of these changes, our team knew that things were going to break, so to speak. So, during the process, we encouraged team members to give us both positive and negative feedback, even if they were responsible for a mistake.

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We didn't want anyone to think that if they did something wrong or missed a referral or a warm handoff, they were going to get in trouble. We were doing something new together, and we wanted to have the opportunity to learn and build the strongest system possible *together*. This way, with each mistake, we could see where bottlenecks or miscommunication occurred and then communicate to everyone what we're going to need to do differently and why. Of course, having support from CCB made it more achievable because every time we experienced a setback, we could pick up the phone and they would help us understand exactly what we needed to do to adjust.

This gave everyone—from management to doctors to nurses to receptionists—a voice in how to better serve our patients. There’s an African proverb that says: “when we walk by ourselves, we'll get there, but when we walk together we'll get there faster.” That has been our overall concept, both within our team and between our team and CCB.

**CCB: If you could recommend anything to help another practice follow your lead, what would you want to share?**

**CP:** You must look at all of this with an open mind and heart. What you know is going to change once payment transitions from fee-for-service to value-based payment.

How many primary care doctors or pediatricians know how many of their patients were admitted to a hospital in the past 18 months for asthma? What about depression? Do you have a process in place to prevent future, potentially preventable visits? Are you currently stratifying your patients’ healthcare risks to determine who needs more attention and help? And when you determine their risk level, where can you send them and where will you get these resources from?

Ask yourself: *What is our strategy to achieve the Triple Aim and align with VBP? Do we have one?* If you don’t and have an interest in starting the process, speak to the team at CCB. They truly are a wealth of information when it comes to preparing for VBP.

But don’t stop there. A complete assessment and transformation of your practice is important as well. Stratify and realign your workflow, staff, and EMR. Think about your end result to each process you design but never call it final. This will become a continuous study and adjustment to keep up with the adjustments and changes identified.

We're excited about this. You know, none of us have ever done this before. It’s all completely new, but we have information and CCB behind us making us feel empowered.

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