



Testimony for the Joint Legislative Hearing on Health for the 2023-2024 Executive Budget Proposal

February 28, 2023

Thank you for the opportunity to submit written testimony on the State Fiscal Year (SFY) 2023-24 Executive Budget impacting the nearly eight million New Yorkers currently enrolled in Medicaid. Specifically, we would like to offer our thoughts on the proposals to revitalize Emergency Medical Services (EMS) and transfer oversight of all licensed health professions from the State Education Department (SED) to the Department of Health (DOH). Please accept the following comments from Cityblock Medical Practice (Cityblock).

Cityblock is a national provider organization that partners with health plans to deliver integrated physical, behavioral, and social care to Medicaid, dually eligible, and other individuals living in lower-income neighborhoods that have historically had poor access to health care services. Within Cityblock's patient membership, 89% are either Medicaid or dually eligible beneficiaries, 85% experience two or more chronic conditions, and 47% have behavioral health needs. Cityblock has served our patient membership in New York since 2018 and currently has two clinics, which we call Neighborhood Hubs, in Brooklyn with plans to open more hubs over the next year. We place clinics in community locations where our patient membership lives, works, and spends time to ensure their convenience. We also provide care in the District of Columbia, Massachusetts, Ohio, North Carolina, and Indiana.

When people think of health, the image of a doctor providing treatment often comes to mind. As a physician, I agree that doctors are essential to keeping our communities healthy. However, being healthy is so much more than going to your doctor to treat illness. The expansion of the health care team to provide a more interdisciplinary and integrated set of services will improve access to care for all communities, but most particularly underserved populations. The traditional healthcare system also primarily focuses on clinical care — yet in a 2022 Cityblock survey, 45% of our patient membership said they had experienced food insecurity in the last 90 days and more than 60% have an identified acute social need. At Cityblock, we make it our mission to ensure we deliver care that is longitudinal and all-encompassing, including understanding and addressing any social determinants of health and other issues that impede a patient's ability to live a healthy life. This comprehensive approach to health and wellness requires multidisciplinary care teams working in alignment to help and empower patients to meet their goals and live healthier lives.

We support the proposal to develop an expanded definition of emergency medical services and a new “mobile integrated healthcare” service model, authorizing EMS providers to perform their scope of practice in non-emergent settings, to promote care through improved access to primary and urgent care - including in underserved communities.



Providers, including Cityblock, adapted per state and federal flexibility during the PHE to leverage telehealth and mobile integrated care. Some states have permanent authorization of mobile integrated care (MIC) and/or facilitated primary care, defined at Cityblock as:

- Mobile Integrated Care (MIC): on-demand telephone and video visits with a clinician for urgent clinical needs, with the option to dispatch an Advanced Community Care Clinician (typically a Nurse Practitioner, Physician Assistant, Registered Nurse, Emergency Medical Technician (EMT) - Paramedic, or EMT - Basic) to the patient to offer a synchronous virtual visit with a provider to assess and treat the patient
- Facilitated Primary Care: a scheduled evaluation with a Emergency Medical Technician in the home while a virtual provider (Physician or Advanced Practice Provider) who leads the visit

In these states, Cityblock deploys its in-home care strategies as a core piece of our care model to extend the reach of primary care to in-home and urgent needs, giving patients the opportunity to receive care in the most appropriate, accessible, and comfortable setting. These strategies consist of centrally managed and locally deployed services that include MIC, transition of care, and our prevention-focused service line of facilitated primary care. Over the course of one year, in multiple states, Cityblock conducted more than 5,600 urgent visits with its care teams. We estimate that these strategies prevent unnecessary emergency department utilization for at least one in every five encounters.

Our experiences in NC, OH, IN, and MA show that facilitated, hybrid virtual/in-person primary care and MIC can improve access to primary and urgent care for underserved populations and build greater trust in the health care system by expanding the options for care and removing barriers such as transportation. For these services, we use a combination of Emergency Medical Technicians (EMTs) and nurses in order to maximize the number of patients that we can reach and to assure that our workforce is working at the top of their licenses. Physicians and Advanced Practice Providers, such as nurse practitioners or physician assistants, are available virtually so that each visit is managed in a high quality and safe manner. These models ensure our patients receive time and attention for every unique need; we know that populations underserved by the health care system have a common experience of feeling rushed and neglected. Our observations also show that these programs allow our patients to avoid unnecessary long wait times; we know that our patients often utilize the ED for less urgent needs which then results in long wait times. Providing services at home allow our teams to not only address issues that do not require Emergency Department acuity, but also allow our teams to learn more about the environment in which patients are living. Finally, our internal assessments find that our patients appreciate the ability to receive care in the comfort of their own homes; we know that receiving care where patients feel safest results in better overall outcomes. Our patient membership is able to build trust with the home-based clinicians, with some patients even requesting specific clinicians when calling to request assistance.

A lack of coordination with longitudinal care after an urgent care visit can lead to unnecessary readmissions or poor health outcomes, particularly for underserved individuals or patients without a trusted health care provider. At Cityblock, the facilitated primary care team enhances care coordination; they are part of our patient's overall care team, so we have seamless feedback loops with each care team. The flexibility to be able to show up at patients' doorsteps — or wherever



they may be — to ensure they are getting what they need to stay healthy and out of the hospital, alongside the ability to communicate with the rest of the care team, leverages the expertise and agility of EMS technicians to improve health outcomes and patient experiences. As examples, our program is particularly effective in helping our patients with asthma or diabetes receive care safely at home.

- In 2021 and 2022, Cityblock’s programs were often activated for mild asthma attacks that require some medical intervention but might have been unnecessary calls to 911. Under telehealth supervision, Community Care Clinicians administered aid and stayed with patients to evaluate their respiratory function while physicians called in new medications to the pharmacy. Cityblock helped avoid unnecessary hospital admissions for a significant amount of Cityblock patients who could be safely treated at home.
- Numerous Cityblock patients with diabetes present with hyperglycemia and require treatment and increased doses of insulin. Sometimes Community Care Clinicians will be with patients for several hours to administer treatment, under physician direction, to reduce their blood glucose level. Staff can also draw labs and schedule follow appointments with their care team. Cityblock helped patients remain at home during treatment and follow up with primary care for further discussion.

The proposal to expand the definition of who may provide home-based services will encourage similar coordinated, longitudinal care for all New Yorkers, including the 17,000 Medicaid enrollees that Cityblock serves.

We support the proposal to transfer oversight of all licensed health professions from the State Education Department (SED) to the Department of Health (DOH), effective January 1, 2024.

Streamlined oversight will allow DOH to effectively use all levers in the health care system when designing innovative care delivery models. This alignment under DOH will also support additional flexibility to design pilot programs, implement waivers, and respond to crises like the COVID-19 Public Health Emergency (PHE).

This administrative change will allow for enhanced coordination between health professions and delivery settings as DOH will now be responsible for oversight of both health professions, including areas like scope of practice, and the facilities and settings in which these professions often work. Coordinating oversight under DOH will encourage innovative approaches to health care delivery by aligning key stakeholders in one department and minimizing silos.

Innovative care design models like MIC can thrive when states, health plans, and providers are aligned around the same goals: improving patient health outcomes through delivery of whole-person, value-based care, with a particular focus on reducing health disparities. We encourage legislators to support these budget proposals that will foster an aligned and flexible setting that encourages further growth of integrated, whole-person care for all New Yorkers.

We would be pleased to discuss any of these comments, and appreciate the opportunity to share them.



Sincerely,

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