



Testimony

of

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before the

New York City Council Committee on Health

on

Intro 974

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New York City**

Good morning Chairman Johnson and members of the Committee. I am Dr. Oxiris Barbot, First Deputy Commissioner at the New York City Department of Health and Mental Hygiene. On behalf of Commissioner Bassett, I want to thank you for the opportunity to testify on the topic of community health planning.

The mission of the Department of Health and Mental Hygiene is to improve the health of all New Yorkers. As in many large cities, the health of New York's residents is addressed through a comprehensive system of partnerships across the health care, public health, and non-health sectors. The Department has a major role as a facilitator in uniting and maintaining information in this system, and helping to steer the system toward achieving health equity and improving population health. We have extensive population health, health care system and health planning expertise. Our agency works tirelessly to analyze the systems that deliver health care services in New York City, recommend best practices and coordinate the complex system of stakeholders to help all New Yorkers receive affordable high-quality health services.

Many of the health issues facing New Yorkers, including obesity, type 2 diabetes, hypertension, and maternal mortality, disproportionately affect communities of color. In 2014, to better coordinate health planning involving under-served populations, the Department launched the Center for Health Equity. The Center is focused on advancing the Department's framing of health as a racial justice issue, investing in key neighborhoods, building partnerships that advance racial and social justice, and making injustice visible through data and storytelling. These approaches allow the Department to better address the root causes of health inequities. The Center does this work in collaboration with all health department divisions and the central coordination of our Policy, Planning and Strategic Data Use unit. Improving health equity requires government policymakers, health professionals, researchers, and community groups to work together, and the Department plays a critical role in bringing these stakeholders to the table.

Earlier this year, the Department was funded by the administration to launch the Neighborhood Health Hub initiative. Community-based organizations, providers of medical, dental and mental health services, and other City agencies will be co-located under one roof in underutilized Department buildings in high-need neighborhoods. The goals of the Hubs will be to build on neighborhood assets and identify resource gaps to improve population health, address root causes of health inequity, including the physical environment, structural racism, housing and employment, and close service gaps and reduce redundancy by bringing community groups together to facilitate neighborhood health planning. Center for Health Equity staff will coordinate the work of Hub partners and assist in navigating community members to the appropriate health and social services. The Hubs will be located in Bedford, Brownsville, and Bushwick, in Brooklyn; Central Harlem and East Harlem in Manhattan; and Morrisania and Tremont in the Bronx. We are excited to share that new partners will be moving into the Bedford, East Harlem and Morrisania Hub sites in the early part of 2016.

Additionally, the Department is partnering with the Fund for Public Health in New York, the United Hospital Fund and the New York Academy of Medicine to facilitate the New York City Population Health Improvement Program (PHIP). The PHIP promotes health equity as well as the "Triple Aim" of better care, lower health care costs and better health outcomes for New

Yorkers. Through the PHIP, we engage community members and cross-sector leaders in strategic health planning in order to increase investment in public health interventions that prevent disease and improve health equity. The PHIP partnership also supports the local transition to value-based health care and advanced primary care. A critical part of the PHIP is the Steering Committee, which consists of representatives of multiple sectors including healthcare systems, health services payers, education, academia and economic development. Membership includes the Department, CUNY School of Public Health, Fund for Public Health in New York, Greater New York Hospital Association, NYC Health + Hospitals, Hispanic Federation, HealthFirst, Jewish Association Serving the Aging, Metro New York Health Care for All Campaign, New York Academy of Medicine, Public Health Solutions, Partnership for a Healthier NYC and the United Hospital Fund. The Steering Committee meets quarterly, and recommends priorities and multi-sector strategies relevant to meeting the health needs of subpopulations that disproportionately experience adverse health outcomes. PHIP activities are planned through 2017, and we believe that this existing infrastructure can be used to continue comprehensive health planning citywide.

The Department is also a key stakeholder in the New York State Delivery System Reform Incentive Payment Program commonly referred to as DSRIP. We offer guidance and support to each of the eleven New York City Performer Provider Systems in planning projects to create patient-centered medical homes, integrate behavioral health services with primary care, and implement community-oriented and evidence-based interventions on asthma, HIV, and tobacco cessation. The Department's Division of Prevention and Primary Care was created in 2014 to advance improving access to and the quality of primary care and prevention efforts throughout New York City, with a focus on population health. This Division is tasked with supporting and promoting primary care, and has been assisting over 16,000 clinical providers and their organizations with the adoption of information systems including electronic health records, quality improvement, and practice change to improve the delivery of preventive services and coordinate care for patients with chronic conditions. Since 2010, even before PHIP and DSRIP, we have provided technical assistance to hundreds of community-based primary care practices to improve their ability to manage chronic diseases and connect with community-based resources. These activities have been ongoing as part of practice transformation activities across the state and country, including Patient Centered Medical Homes and Medicaid Health Homes.

The Department's work also focuses on devising and implementing policy, program and research interventions that maximize coverage and reduce barriers to health care access for underserved populations. We have a team of Certified Application Counselors (CAC), who work throughout the year to identify uninsured New Yorkers, educate them about their health insurance options and provide assistance signing them up for coverage through the New York State of Health Marketplace. This team also helps link New Yorkers to appropriate and affordable health care services. In addition to our CAC outreach, during the Marketplace open enrollment periods we launch a citywide public awareness campaign – GetCovered! – to increase enrollment into health insurance and promote use of in-person enrollment assistance.

Recognizing that immigrants can face additional barriers in accessing health insurance coverage and care, we co-chaired the Mayor's Task Force on Immigrant Health Care Access. As part of this work, we are working closely with the Mayor's Office of Immigrant Affairs and

other City agencies to lead the development of a health care access program for immigrants who are excluded from federal and state support that will begin in the Spring of 2016 as a pilot program. This program will allow New York City to provide more coordinated primary and preventive care to those foreign-born New Yorkers who cannot access insurance, even under the Affordable Care Act.

The coordination of citywide mental health and substance use services is another important role of the Department. Our Division of Mental Hygiene is the Local Governmental Unit that has statutory authority and responsibility for oversight and management, quality improvement and fiscal oversight of the local behavioral health system. New York State Mental Hygiene Law requires the Department to develop an annual Local Services Plan, with input from stakeholders including hospitals, community mental health centers, consumer groups, advocates, community-based organizations, local correctional facilities and other local criminal justice agencies. We also organize the New York City Regional Planning Consortium, which identifies and addresses issues stemming from the transition to Medicaid Managed Behavioral Health Care, for which we have legislative authority for joint oversight with the state. The Regional Planning Consortium monitors service access and capacity, system stability and improvement, and service quality, efficiency, and efficacy. Additionally, as part of ThriveNYC, we facilitate the Mental Health Council which provides guidance for implementation of behavioral health initiatives across City government.

Regarding Intro. 974, the Department routinely analyzes the existing landscape of the City's health care resources. This analysis includes the existing universe of federally qualified health centers and other safety net providers, primary care capacity and health professional shortage areas. Through the Community Health Survey we analyze the status of New Yorkers' health using a series of indicators and monitor access to care through questions related to unmet medical and mental health needs, insurance and primary care coverage. This information is crucial to the development of the Department's health plans, such as ThriveNYC and Take Care New York 2020, and is used to make recommendations to key stakeholders where efforts might be directed in order to address disparities in access to care. We support the intent of Intro 974 and look forward to discussing details such as availability of data, the inclusion of mental health and substance use services, and additional resources required with you further.

Thank you again for the opportunity to testify. I am happy to answer any questions.