



NAVIGATING THE HEALTHCARE SYSTEM IN THE U.S. FOR THE UNDERSERVED, MINORITY POPULATION

Ramon Tallaj, MD

Chairman of the Board, SOMOS Community Care

October 5, 2023



Financial Disclosure

NONE





A BROKEN AND DYSFUNCTIONAL SYSTEM

This year, the United States will spend a projected \$4.7 trillion on healthcare, representing 18% of the national economy.



A LOW-VALUE SYSTEM

We spend **twice** as much per capita as almost any other country, nearly \$13,000 per year, while *85 million* Americans remain uninsured or underinsured.

Our health outcomes are often **worse**.

In terms of life expectancy, for example, we live far shorter lives than the people of many other industrialized nations. We are also worse in areas like life expectancy, infant mortality, and diabetes.





SICK CARE vs. HEALTHCARE

The system in the U.S. focuses on reactively **treating the illness or symptoms** earning the name sick care.

Our **prevention model** focuses on keeping the community healthy by proactively creating whole-person health and preventing disease.



THE BEST SICK CARE SYSTEM IN THE WORLD

Our healthcare delivery system is lacking.

We have the best doctors, the best hospitals, best academic health centers, best nurses, the best drugs, and we are leaders in research.

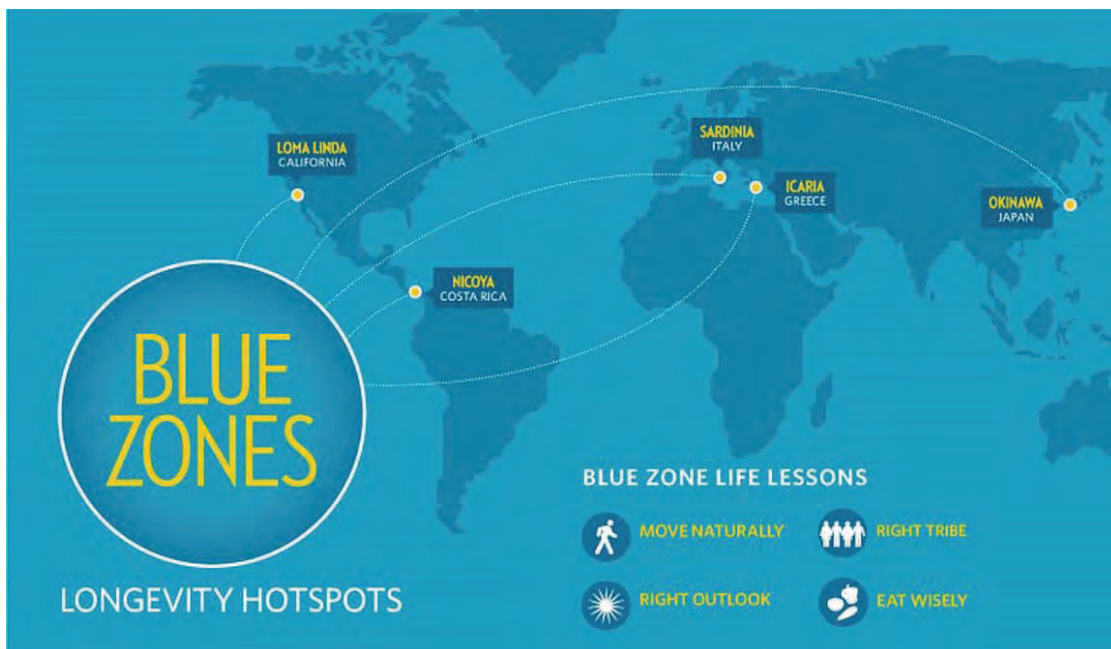
But our system is NOT available to ALL of our citizens. It is generally NOT community-based.

Our system is NOT equitable, coherent, comprehensive and cost-effective.

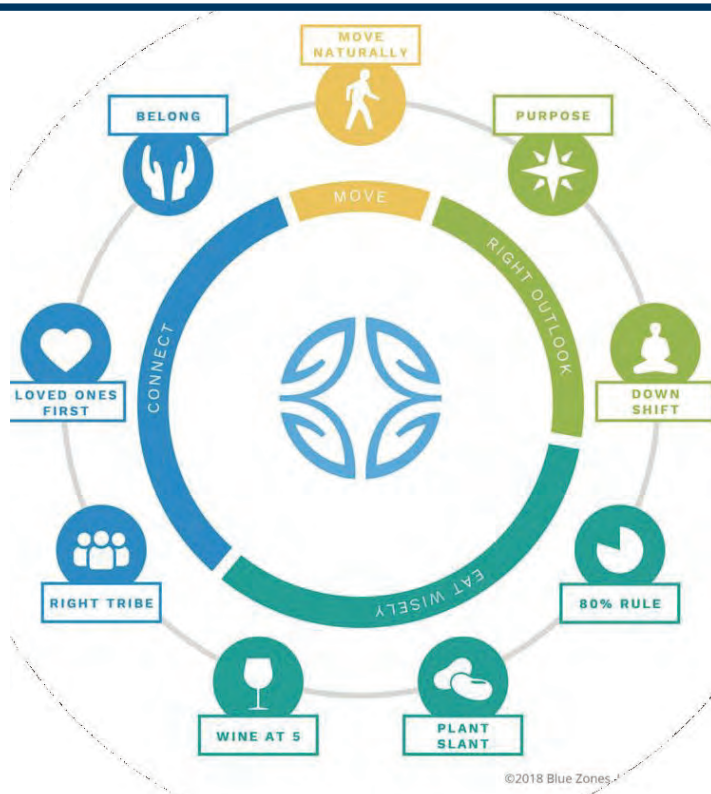
It does NOT deliver the best health. It is NOT fair or just.

We are changing that in New York and serving as a model for the nation.





Proactive, Preventive and Whole-Person





Nicoya Peninsula, Costa Rica
Thriving into Old Age--lifestyle, diet, community, and environment

Minnesota: From Red Zone to Blue Zone
Applying a holistic approach to improving the well-being of an entire community





BRIDGING THE PROVIDER/PATIENT DIVIDE IN PROVIDING QUALITY CARE TO UNDERSERVED POPULATION



Shariff De Los Santos
President
Basílica Medical Management
10.05.2023

PURPOSE & OBJECTIVES



PURPOSE

Inform about the importance of addressing disparities and inequalities in healthcare access and outcomes.

OBJECTIVES

- Identify and address the barriers that prevent the closing of healthcare gaps.
- Share examples of successful initiatives, programs, or policies that have helped close healthcare gaps.
- Offer practical solutions and strategies for closing healthcare gaps.

FINANCIAL DISCLOSURE

None



AGENDA



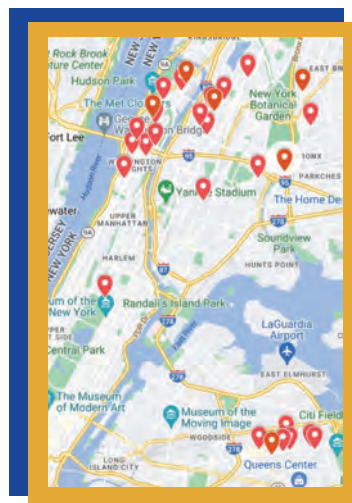
1. Who we are?
2. Who are the underserved?
3. Characteristics of vulnerable and underserved populations.
4. What to do at the time of treating the underserved patients?
5. Solutions to Close Gaps in Care.



WHO WE ARE?



- Basílica Medical Management is a Management Service Organization (MSO) which oversees the operations of medical clinics (including Pediatrics, Family Medicine, Adults medicine and Gynecology) providing services in the neediest neighborhoods meeting the highest standard of services/care.
- We focus in helping our network of clinics to provide healthcare services in a culturally competent and patient-centered way to respect the individual patient's preferences, needs and values, and ensuring that patient values guide all clinical decisions.





OUR VISION



To empower healthcare providers and organizations with comprehensive management services that streamline operations, enhance patient care, and improve financial outcomes.

OUR MISSION

To be the premier MSO in the healthcare industry, known for our innovative and effective solutions, exceptional customer service, and commitment to driving positive change.

We envision a future where healthcare providers are free to focus on patient care, with the support of our streamlined operations and administrative services.

WHO ARE THE UNDERSERVED?



- Latino populations.
- African American populations.
- Refugees.
- Individuals with limited English proficiency (LEP).
- Individuals with disabilities.
- Medicaid-eligible consumers who are not enrolled in coverage despite being eligible for Medicaid.



CHARACTERISTICS OF VULNERABLE AND UNDERSERVED POPULATIONS



High risk for multiple health problems and/or pre-existing conditions.

Have limited life options (e.g., financial, educational, housing).

Have a limited ability to understand or give informed consent without the assistance of language services.

Have mobility impairments.

Have a lack of access to transportation services.

WHAT TO DO?



1 You should be able to recognize when a consumer might be underserved and understand that these patients might face barriers accessing health care programs and services.

2 You should be able to recognize how lacking coverage creates barriers to accessing health care.

3 You should be able to help consumers understand the importance of seeing a doctor regularly and having coverage, which can help reduce the costs of health care and allow consumers to get preventive care, get a timely diagnosis, and live longer, healthier lives.



SOLUTIONS TO CLOSE GAPS IN CARE



CULTURALLY COMPETENT CARE



CULTURAL COMPETENCY TRAINING: Train healthcare providers to understand and respect the cultural backgrounds, beliefs, and preferences of patients.



INTERPRETER SERVICES: Ensure access to interpreters and language assistance for patients with limited English proficiency.



CALL CENTER: Customer service or support center that is equipped to effectively communicate with and assist individuals from diverse cultural backgrounds. The goal of a culturally competent call center is to provide a positive and respectful customer experience while understanding and respecting the cultural differences and sensitivities of the people they serve.





TELEHEALTH SERVICES



- **TELEMEDICINE:** Implement telehealth programs to provide remote healthcare services, especially in rural or geographically isolated areas.
- **MOBILE HEALTH CLINICS:** Deploy mobile healthcare units to reach underserved communities and provide basic healthcare services.

MOBILE APPS & TECHNOLOGY



HEALTHCARE APPS: Develop and promote healthcare apps that provide information, appointment scheduling, and health monitoring tools for underserved populations.





MEASURING AND REPORTING



DATA COLLECTION: Collect and analyze healthcare data to monitor progress in reducing disparities and adjust strategies as needed.

TRANSPARENCY: Promote transparency in healthcare quality and outcomes data to hold providers and institutions accountable.

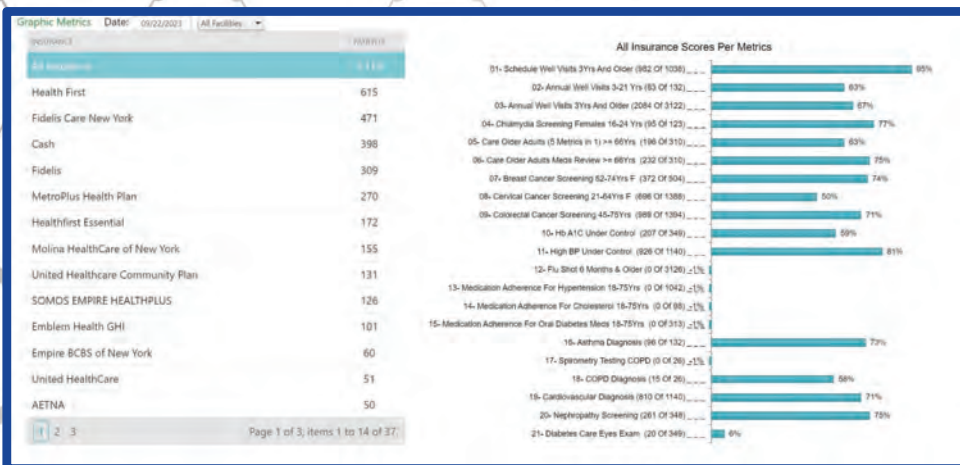
QUALITY APP-ELIGIBILITY



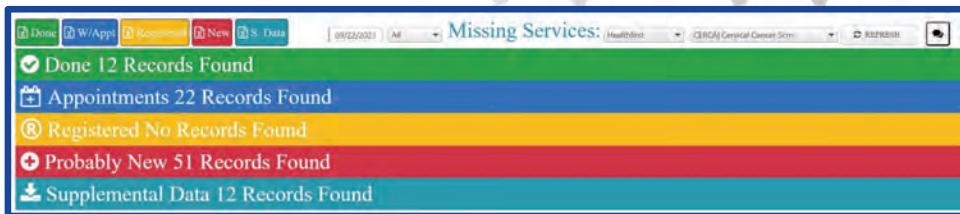
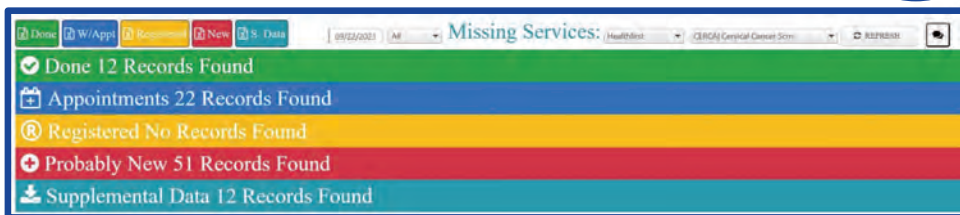
Acct	Patient	DOB	Age	Time	Last WCV	Type	WCV	Prov/Insurance	ST	Notes	V	E	P	M
10698		04/25/62	61Y	12:00	04/21/23 @46Y	est/sck	✓	DH Health First	CHK	WCV On 05/08/2024 by adelossantos	✓	✓	✓	✓
11550		03/11/99	24Y	09:45	01/03/23 @23Y	est/sck	✓	JO MetroPlus Health Plan	CHK	WCV On 01/04/2024 by sdelossantos	✓	✓	✓	✓
12235		09/12/95	28Y	10:30	09/22/23 @28Y	est/well	✓	DH Fidelis	CHK	Appt On 09/27/2023 by epaulino	✓	✓	✓	✓
12370		06/14/88	40Y	16:00	06/26/23 @40Y	est/lu	✓	DH United Healthcare Community Plan	CHK	Not Future Appt. Scheduled	✓	✓	✓	✓
12478		07/19/79	44Y	09:15	03/29/23 @43Y	est/lu	✓	DH Health First	CHK	WCV On 04/09/2024 by sdelossantos	✓	✓	✓	✓
12491		07/04/70	53Y	13:45	07/01/23 @52Y	est/sck	✓	DH Fidelis	CHK	Not Future Appt. Scheduled	✓	✓	✓	✓
13036		04/05/68	55Y	13:15	05/22/23 @55Y	est/well	✓	DH Fidelis	CHK	Appt On 10/25/2023 by epaulino	✓	✓	✓	✓
13289		11/17/66	56Y	09:00	01/19/23 @56Y	est/lu	✓	JO Emblem Health GH	CHK	WCV On 04/09/2024 by sdelossantos	✓	✓	✓	✓
13786		09/01/77	46Y	15:00	05/10/23 @45Y	est/lu	✓	DH Fidelis	CHK	WCV On 02/13/2024 by adelossantos	✓	✓	✓	✓
14062		03/23/89	34Y	14:00	07/20/23 @34Y	est/sck	✓	DH Fidelis	CHK	Not Future Appt. Scheduled	✓	✓	✓	✓
14154		01/19/88	35Y	09:30	08/31/23 @35Y	est/laba	✓	DH Health First	CHK	Appt On 09/29/2023 by epaulino	✓	✓	✓	✓
14312		11/07/95	27Y	11:00	09/22/23 @27Y	new/well	✓	DH Medicaid of New York	CHK	Appt On 09/27/2023 by epaulino	✓	✓	✓	✓
14315		08/07/77	46Y	14:15	08/07/23 @46Y	est/well	✓	DH Emblem Health Community Plan	CHK	Appt On 08/07/2023 by epaulino	✓	✓	✓	✓
14316		09/17/03	20Y	09:45		est/laba	⚠	JO Health First	CHK	Not Future Appt. Scheduled	✓	✓	✓	✓
9474		06/06/65	58Y	15:45	05/04/23 @57Y	est/lu	✓	DH Health First	CHK	WCV On 02/07/2024 by sdelossantos	✓	✓	✓	✓
9613		06/26/73	49Y	11:30	02/24/23 @49Y	est/sck	✓	DH Fidelis Care New York	CHK	WCV On 02/07/2024 by sdelossantos	✓	✓	✓	✓



GRAPHIC METRICS



SUPPLEMENTAL DATA





SUPPLEMENTAL DATA SUBMISSION



- ENC_NYC_2023_09_22_212409_WV3.xlsx
- ENC_NYC_2023_09_22_212414_CHL.xlsx
- ENC_NYC_2023_09_22_212419_Q3R.xlsx
- ENC_NYC_2023_09_22_212426_BRECA.xlsx
- ENC_NYC_2023_09_22_212436_CERCA.xlsx
- ENC_NYC_2023_09_22_212453_COLCA.xlsx
- ENC_NYC_2023_09_22_212511_COAMR.xlsx
- ENC_NYC_2023_09_22_212524_DEP.xlsx
- ENC_NYC_2023_09_22_212543_HBPUC.xlsx

ipswitch WS_FTP Web Transfer
Connected to: http://healthfirst.org

Name	Size	Modified Date
ENC_NYC_2023_09_22_212409_WV3.xlsx	4.3 KB	2023-09-22 21:28:49
ENC_NYC_2023_09_22_212414_CHL.xlsx	4.3 KB	2023-09-22 21:28:49
ENC_NYC_2023_09_22_212419_Q3R.xlsx	5.45 KB	2023-09-22 21:28:49
ENC_NYC_2023_09_22_212426_BRECA.xlsx	6.29 KB	2023-09-22 21:28:49
ENC_NYC_2023_09_22_212436_CERCA.xlsx	5.9 KB	2023-09-22 21:28:28
ENC_NYC_2023_09_22_212453_COLCA.xlsx	13.69 KB	2023-09-22 21:28:28
ENC_NYC_2023_09_22_212511_COAMR.xlsx	5.99 KB	2023-09-22 21:28:28
ENC_NYC_2023_09_22_212524_DEP.xlsx	55.69 KB	2023-09-22 21:28:28
ENC_NYC_2023_09_22_212543_HBPUC.xlsx	5.62 KB	2023-09-22 21:28:28

SUMMARY



We need to ensure that all individuals receive the necessary healthcare services and support they need, regardless of their background, socioeconomic status, or other factors.

Closing gaps in care is essential for achieving health equity and improving overall healthcare outcomes.

Let's use all the tools in our hands to let every single entity in this field know the progress of our efforts in order to get properly recognized for the work we do!



CONTACT INFORMATION



Shariff De Los Santos
PRESIDENT

BASILICA MANAGEMENT CORP
management@basilicamed.com
732-789-0801



REFERENCES



- Health Literacy and Communication: The Department of Health and Human Services' Office of Disease Prevention and Health Promotion (ODPHP) has pulled together key tools, research and reports, and resources for public health and health communication professionals. <http://www.health.gov/communication/>
- Coverage to Care: The Centers for Medicare & Medicaid Services (CMS) Office of Minority Health (OMH) has created a number of resources in English and Spanish to explain what health coverage is and how to use it to get the primary care and preventive services to help consumers and their families live long, healthy lives. <http://www.hhs.gov/healthcare/coverage-to-care/>
- Japa Billing Services: www.japabilling.com
- Getting Help in a Language Other than English: A CMS document that provides instructions for accessing the FFM Call Center written in the major languages spoken in the United States. <http://marketplace.cms.gov/outreach-and-education/getting-help-in-a-language-other-than-english.pdf>
- The CMS Equity Plan for Improving Quality in Medicare: A plan for advancing health equity by improving the quality of care provided to minority and other underserved Medicare beneficiaries. The goals of the plan include increasing understanding and awareness of disparities, creating and sharing solutions, and accelerating implementation of effective actions. https://www.cms.gov/About-CMS/AgencyInformation/OMH/OMH_Dwnld-CMS_EquityPlanforMedicare_090615.pdf