

The NYU-CUNY Prevention Research Center (NYU-CUNY PRC) implements, evaluates, and disseminates community-clinical linkage interventions to reduce cardiovascular disease disparities in ethnically diverse NYC communities.

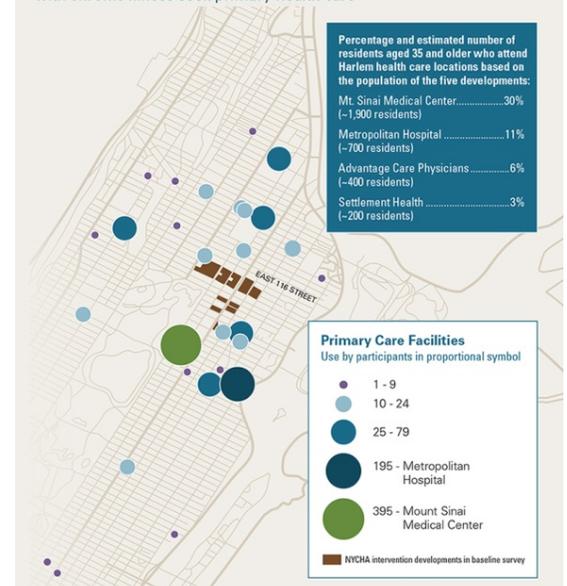
Across projects, the PRC has studied the role of *small primary care practices* serving geographically or ethnically distinct communities. In this IMPACT BRIEF, we characterize the role of small primary care practices in one ethnically diverse, low-income neighborhood and describe a community practice engagement model we initiated in another NYC setting.

### Role of Community Providers for East Harlem Public Housing Residents

In January 2015, to support a NYC Health Department-led community health worker (CHW) initiative in five large East Harlem public housing developments known as [HARLEM HEALTH ADVOCACY PARTNERS \(HHAP\)](#), the NYU-CUNY PRC performed a rapid community needs assessment among a representative sample of housing residents (n=1,123). From survey findings, we characterized healthcare utilization patterns and documented where residents sought care.

We found that despite high insurance coverage, many residents reported coverage, payment and navigation problems. Although selected housing developments are near several large hospitals, small primary care practices still play an important role in caring for more than one-third of residents.

Medical institutions where NYCHA residents with chronic illness seek primary health care



### HEALTH INSURANCE

**95%** of residents reported **having health insurance**

- **Half (49%)** are insured through **Medicaid**

Despite high insurance coverage, **one-fifth (21%)** reported **health insurance problems** in the past year:

- 7% had trouble **navigating** the healthcare system
- 8% had problems with **billing**
- 8% had difficulty **getting health insurance**
- 7% had trouble finding **affordable care**

*Gaps in coverage and access to care exist for both uninsured and insured.*

*Many insured low income individuals need assistance in appointment-seeking and understanding existing resources*

### PRIMARY CARE PROVIDERS

Two large healthcare systems provide primary care to about **40% of the community**:

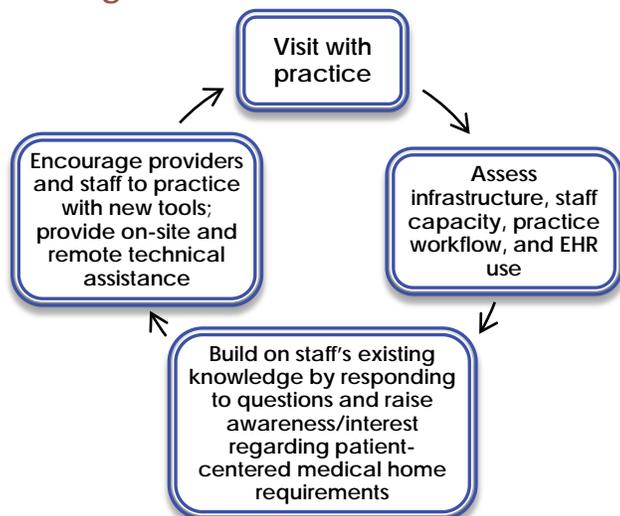
- Mount Sinai Medical Center (30%)
- Metropolitan Hospital (11%)

Still, **more than one-third (36%)** of residents reported receiving their primary care from community practices.

*Small primary care practices still serve a large proportion of the East Harlem population.*

*Placed-based interventions that strengthen community-clinical linkages should engage small primary care practices*

## Helping Small Primary Care Practices Adopt Evidenced Chronic Disease Management Interventions



The NYU-CUNY PRC is implementing and testing an intervention in small primary care practices serving predominantly South Asian patients. Teaming up with Healthfirst, a not-for-profit health insurance company, the PRC has engaged community providers in a hypertension management intervention known as [Project IMPACT \(Implementing Million Hearts for Provider and Community Transformation\)](#).

Intervention components include training provider teams to employ electronic health record (EHR)-based patient registries and clinical decision support system (CDSS) tools such as point-of-care medical alerts and order sets aligned with current federal- and state-wide guidelines.

This EHR intervention has garnered the interest of providers in the community for several reasons:

- Providers receive technical assistance on EHR tools that maximize patient appointment and medication adherence, which boosts eligibility to receive financial incentives from payer organizations while improving patient outcomes
- Providers' practice workflow improves, maximizes efficiency of staff time, and improves patient experiences
- Learn more about current federal- and state-wide guidelines on hypertension management using EHR tools

### KEY CHALLENGES INCLUDE:



Limited staff and time for training and transitions



Low base knowledge regarding EHR functionality



Need for ongoing EHR technical assistance

### CONSIDERATIONS IN ENGAGING COMMUNITY PROVIDERS INCLUDE:

- Small primary care practices are sometimes bypassed by larger quality improvement initiatives in their jurisdiction
- Many of these practices want to take part in healthcare system reform but lack staff, infrastructure and resources.
- Working with groups of small practices serving similar communities can be an effective outreach strategy
- Consistent face-to-face engagement with practices is important to build trust and support implementation

*Community providers are eager to implement evidence-based interventions in their clinics, especially if linked to meaningful use and PCMH standards.*

*Direct technical assistance, in-house staff champions and time-efficient approaches are needed.*

### RECOMMENDATIONS FOR WORKING WITH SMALL PRIMARY CARE PRACTICES:

1. Partnering with payer organizations with established relationships in the community may be an efficient approach to engage a large number of small primary care practices.
2. Effective engagement of small primary care practices includes a process of working closely with them to assess their EHR capacity, interest in employing CDSS tools, and awareness of community programs involving CHWs / health navigation / care coordination services
3. Standardized material can be culturally tailored and shared across multiple practices in geographic communities to increase reach.
4. Order sets in EHR systems can be tailored to geographic areas and include referrals to community programs, such as CHWs and insurance navigation professionals.