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Nassau Queens PPS lowers emergency room visits from Creedmoor campus

When the partners of Nassau Queens Performing Provider System considered how to lower emergency room visits for their patients, they developed a heat map showing where residents were more likely to end up in the ER or hospital. One hot spot: the campus of Creedmoor Psychiatric Center, where outpatients who receive treatment or live in community residences on campus are responsible for an outsize number of ER visits. Most frequently they are taken to Zucker Hillside Hospital in Glen Oaks and Long Island Jewish Medical Center, a partner in Nassau Queens PPS, in New Hyde Park.

To tackle the problem, Nassau Queens PPS, the DSRIP network led by Nassau University Medical Center, Catholic Health Services of Long Island and Northwell Health's LIJ, created a Local Emergency Assistance and Diversion team in July to intervene when an individual on the campus was in crisis.

The program has made 211 visits to client from July to January 2018, and in 205 cases it was able to de-escalate the situation without a trip to the emergency room. Of course, that doesn't take into account the ER visits that occurred when the LEAD team wasn't called. That's why the group is trying to increase awareness about the option.

"The key to me for this whole thing is the use of the peer—that's someone who has been there themselves," said John Javis, director of behavioral health at Nassau Queens PPS. "It's been found to be a very successful approach." He noted that the peer workers can discuss their own strategies for dealing with issues such as depression and encourage clients to take their medication and participate in group counseling.

The workforce comes from Transitional Services for New York, a Whitestone-based mental health nonprofit, which has a contract with Long Island Jewish Medical Center. The PPS has provided the roughly \$300,000 to fund the contract. The program also aims to lower the burden on NYPD and EMS responders who are called to the Creedmoor campus frequently.



"The LEAD team plugged a key gap in the crisis response system in New York City, reducing the need to utilize the 911 system in response to mental health crisis," Daniel Donoghue, chief operating officer at Transitional Services, said in a statement.

The program is an example of how DSRIP is allowing providers to experiment with ways to limit costly ER visits, said Harvey Rosenthal, executive director of the New York Association of Psychiatric Rehabilitation Services, an Albany-based coalition of mental health agencies.


"When DSRIP money goes away, what will fund these things? If these programs are successful, managed care and other payment mechanisms will pick them up," he said. —J.L.

State to hold hearing on home care pay

The state Department of Labor plans to hold a public hearing July 11 on its policy of allowing employers to pay home health aides for just 13 hours of each 24-hour shift.

The hearing is part of the process of [updating](#)  the state's minimum-wage regulations to reinforce the so-called 13-hour rule. The regulation allows home care employers to withhold pay for the time aides spend eating and sleeping. Since October the Labor Department has been issuing temporary [emergency updates](#)  to its regulations—which don't trigger a public hearing—preventing advocates from formally weighing in.

The department's actions are intended to guard the home care industry against state appellate court rulings issued last year that call the 13-hour rule illegal. The cases that were ruled on—Moreno v. Future Care Health Services and Andryeyeva v. New York Health Care—were sent last month to the state's highest court, the Court of Appeals.

Home care workers have [opposed the 13-hour rule](#)  as exploitative.

Home health agencies counter that if the court rulings striking down the 13-hour rule are upheld, they could destabilize

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the industry by making employers liable for back wages for any employee who has worked a 24-hour shift in the past six years.

The state said its proposed regulatory update would "ensure the stability of the jobs of employees who work shifts of 24 hours or more." —C.L.

Is cystic fibrosis drug worth the cost?

The state's Drug Utilization Review Board held a hearing Thursday on the cost-effectiveness of Orkambi, a drug for cystic fibrosis made by Vertex. It recommended Medicaid seek supplemental rebates in order to pay no more than \$56.94 per unit. The current per-unit price of the drug before any rebates is about \$187. The state Health Department would not say what the Medicaid program actually pays because that's proprietary information.

Cystic fibrosis, a genetic disease that causes a potentially deadly buildup of mucus in the lungs, pancreas and other organs, affects about 1,000 Medicaid members in New York, according to Terry Dunn, clinical assistant professor at the University of Buffalo School of Pharmacy and Pharmaceutical Sciences.

Studies have shown that Orkambi can significantly improve lung function for CF patients with particular genetic mutations. But some payers, including the National Health Service in the United Kingdom, have said they will not cover the high cost of the drug.

Vertex raised the wholesale acquisition cost of Orkambi 5% last year. Dunn estimated that the state Medicaid program spent \$33.9 million between July 2015 and December 2017 to provide the treatment to 136 patients.

In determining the overall cost effectiveness of the drug, Dr. Steven Pearson, founder and president of the Institute for Clinical and Economic Review, urged members of the Drug Utilization Review Board to consider potential savings, such as those that could be generated by avoiding lung transplants. Pearson said, however, that in proportion to its clinical benefits, the cost of Orkambi currently exceeds commonly used cost-effectiveness thresholds. —C.L.

ProHealth Dental expands to New Jersey

ProHealth Dental—the oral health affiliate of the Lake Success, Long Island–based medical group—plans to open four offices in New Jersey during the next year in partnership with Riverside Medical Group. ProHealth is building out its model of integrated services.

The dental group said it will open offices in Hoboken, Edison, Secaucus and Clifton, with more locations planned for 2019. Riverside Medical has more than 200 providers serving patients in 85 locations in northern New Jersey.


Poor oral health can lead to other chronic conditions, including diabetes and pulmonary and heart disease, making it important that dental problems are addressed, Dr. Azzam Baker, founder and president of Riverside Medical Group, said in a statement.


ProHealth Dental has nine locations in Long Island, Queens and Brooklyn through partnerships with ProHealth's medical group and Mount Sinai Health System, which agreed to a deal last year.


ProHealth Dental CEO Norton Travis said its goal is for its first batch of clinics to serve as a proof of concept for a national rollout.


"There's this historical chasm between medicine and dentistry," he said. "This doesn't exist in a community based setting, which is what we're trying to address." —J.L.

AT A GLANCE

9/11 STUDY: [A study published online Wednesday in JAMA Oncology](#)  reported that New York City firefighters exposed to the 9/11 World Trade Center disaster site face an increased risk for developing myeloma precursor disease, which can lead to the blood cancer multiple myeloma. The study was conducted by researchers at Albert Einstein College of Medicine, Montefiore Health System, FDNY and Memorial Sloan Kettering Cancer Center.

UNIVERSAL HEALTH CARE: [A cover story in The Economist](#)  makes the case for universal health care as a "pro-growth" policy, particularly in developing nations. "The costs of inaccessible, expensive and abject treatment are enormous," the article noted. "The sick struggle to get an education or to be productive at work. Land cannot be developed if it is full of disease-carrying parasites. According to several studies, confidence about health makes people more likely to set up their own businesses."

DIABETES CLASSES: Hospitals are charging sometimes pricey fees for diabetes-management classes, which some patients can't afford when insurance fails to pick up the tab, [reported Kaiser Health News](#).  The classes have become revenue streams and branding vehicles for hospitals. "If you can get 25 in the class and charge \$500 each, you can make a lot of money," Gerard Anderson, a professor of health policy and management at Johns Hopkins Bloomberg School of Public Health, told Kaiser Health News. Classes also bring in people who may become patients in the future.

TELEMEDICINE'S CHALLENGES: [STAT chronicled the difficulties](#)  faced by telehealth startup Lemonaid Health, a San Francisco company that's attracted high-profile investors and a growing customer base. Among those challenges, STAT noted, were "murky state regulations," patients deceiving doctors about symptoms in an effort to get prescriptions, and state-level agencies and public health departments that don't accept certain data by email.

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