CHRONIC CARE MANAGEMENT SERVICES

Overview

The large and growing prevalence of illness and disability caused by chronic disease is a national public health crisis. Federally Qualified Health Centers (FQHCs) play a vital role in providing care to individuals with chronic illnesses, leading to better quality of life for patients and lower health care costs. Chronic care includes managing conditions such as diabetes, hypertension, cardiovascular disease, HIV, asthma, alcohol and substance abuse, depression, and cognitive impairments, among others.

These conditions are disproportionally prevalent in low income, minority and migrant populations — the very communities that are served by FQHCs. HRHCare operates five facilities in Rockland and Westchester Counties, where residents suffer from some of the highest rates of chronic disease in the state, and overall, 46% of the patient population at HRHCare suffers from chronic disease. New York State has identified diabetes, heart disease, stroke, cancer, and asthma in particular as leading causes of death, disability, and rising health care costs. The majority of HRHCare patients with chronic illnesses suffer from multiple conditions, requiring complex and prolonged care management, interdisciplinary coordination, and ongoing patient and family interactions and education.

Our Work

HRHCare's activities to prevent and control chronic conditions include:

Comprehensive Care Management: HRHCare is operating New York State's largest Medicaid Health Home program, which provides care management services to individuals with serious mental illness and/or two chronic illnesses.

Depression Treatment: Four of HRHCare's sites have been selected by New York State as pilot sites for the collaborative care model (IMPACT program) of depression treatment and innovative Medicaid funding in support.

Million Hearts Campaign: HRHCare is participating in the CMS Million Hearts® Cardiovascular Disease Risk Reduction Model (MH model), a five-year program to prevent heart attacks and strokes.

HIV Management: Funded by the Patient Centered Outcomes Research Institute (PCORI), HRHCare is currently in Phase II of its PCORI Pipeline initiative, Optimizing Care Delivery and Coordination in an Aging, HIV-Positive Population. HRHCare is partnering with the New York State Department of Health AIDS Institute to develop robust and meaningful comparative effectiveness research (CER) on the optimal model of care for an aging HIV population.

Diabetes Programs: HRHCare runs the Fit4Ever program of nutrition, physical activity, and reduced screen time for children and an Rx for Fitness program to engage children and their family members in weekly programs of culturally relevant dance and physical activity, nutrition education and food demonstrations.

Training: HRHCare has approximately 20 staff members trained in the Stanford University Chronic Disease Self-Management Program (CDSMP), including the HIV component, and also has three Master Trainers.

About Hudson River Health Care (HRHCare)

Founded over 40 years ago as a Federally Qualified Health Center (FQHC), Hudson River Health Care (HRHCare) is one of the nation's largest community health providers. The HRHCare network of 43 health centers throughout the Hudson Valley, New York City, and Long Island provides affordable, accessible care to over 225,000 patients annually. The network's exceptional primary care practitioners, specialists, and support staff have made HRHCare a destination for convenient, high-quality care for all. In 2018, Brightpoint Health, an FQHC network with sites in all five boroughs of New York City, joined HRHCare.

For more information on the efforts of HRHCare to combat the opioid crisis, please contact Katie Comando at katiecomando@hrhcare.org.