

MEMBER PROFILE:

VNSNY CHOICE

Throughout its 125-year history, the Visiting Nurse Service of New York (VNSNY) has been part of the safety net for vulnerable New Yorkers. In 1998, the organization's focus on home- and community- based care led it to create VNSNY CHOICE Health Plans, a non-profit managed care organization that helps people remain in their homes rather than moving to nursing facilities. VNSNY CHOICE builds on VNSNY's expertise in coordinating all the health and support services that older and frail New York residents need to stay healthy and independent in their own homes.

Medicare-Medicaid Integration Status

VNSNY CHOICE has applied to serve adults throughout New York who are dually eligible for Medicare and Medicaid as part of the state's Fully Integrated Duals Advantage (FIDA) capitated financial alignment demonstration. The plan is committed to expanding its model of care and employing electronic care management records to serve more members. It is confident that its model of care and commitment to electronic records will allow it to successfully scale up. VNSNY CHOICE values its partnerships with other home care agencies, whose nurses, home health aides, and other practitioners are integral to the care team. The plan's leadership believes that developing close relationships with provider organizations and genuinely making them part of the care management team is in everyone's best interest – especially the member.

Key to Success: Integrated Care Teams

VNSNY CHOICE sees its integrated care team as essential to improving care for high-need Medicare-Medicaid enrollees. The multidisciplinary team facilitates access to needed preventive, medical, mental health, and social services. The plan's members are some of the most medically fragile New Yorkers who, with very limited resources, struggle with multiple chronic conditions. Most speak a language other than English.

Each VNSNY CHOICE member has a specially trained nurse care coordinator who: (1) creates a customized care plan; (2) serves as a liaison with the primary care physician; (3) advocates for the member across the health care and social welfare systems; and (4) puts together an integrated care team. If a home health aide sees deterioration in a member's ability to perform activities of daily living, the aide incorporates those findings into the member's care plan. This triggers a visit by the care coordinator to assess the decline. VNSNY CHOICE includes all providers who connect with a member on the care team to ensure that the team has a holistic, 360-degree view of the member's needs. Over time, this team-based approach has helped keep frail, vulnerable members out of the hospital and comfortably in their homes. One study found that VNSNY CHOICE members experienced a reduction in hospital admissions, readmissions, and emergency department visits ranging from 21 percent to 54 percent.¹

QUICK FACTS

- **Organization type:** Managed care organization
- **Tax status:** Non-profit
- **Year founded:** 1998
- **Integration models:** D-SNP, MLTSS, and anticipated financial alignment demonstration
- **D-SNP enrollment:** 12,000 Medicare-Medicaid enrollees
- **MLTSS enrollment:** 18,000 enrollees
- **Service area:** 12 counties-D-SNP; 33 counties-MLTSS; 8 counties-Anticipated Duals Demonstration

PRIDE Contact

Hany Abdelaal, DO
Senior Vice President and
Chief Medical Officer
Hany.Abdelaal@vnsny.org

The [Promoting Integrated Care for Dual Eligibles \(PRIDE\)](#) initiative, made possible by The Commonwealth Fund, is a consortium of high-performing health care organizations focused on improving the care of individuals dually eligible for Medicare and Medicaid. The Center for Health Care Strategies (CHCS) is helping PRIDE members to identify and test innovative strategies that enhance and integrate care for Medicare-Medicaid enrollees. CHCS is a nonprofit health policy resource center dedicated to advancing access, quality, and cost-effectiveness in publicly financed health care. For more information, visit www.chcs.org.

INTEGRATED CARE IN ACTION

VNSNY CHOICE's multidisciplinary team creates a safety net to improve both members' health outcomes and quality of life. For example, one member, an older woman living alone in an uptown New York City housing project, suffers from hypertension, as well as depression and anxiety that followed the sudden death of a grandson. Her nurse, who has an office in the member's building, visits regularly to make sure she is feeling well, eating right and taking her medications. Her home health aide helps her get up and dressed in the morning, while behavioral health therapists help her battle depression. A social worker makes sure she is current on her benefits, including food assistance, and during a brutal heat wave last summer, cut through red tape to get her a much-needed air conditioner.

¹ [Commonwealth Fund Case Study](http://www.commonwealthfund.org/Publications/Case-Studies/2013/Jan/VNSNYs-Choice-Program.aspx). M. Bihle Johnson and D. McCarthy. *The Visiting Nurse Service of New York's Choice Health Plans: Continuous Care Management for Dually Eligible Medicare and Medicaid Beneficiaries*. The Commonwealth Fund, January 2013. Available at: <http://www.commonwealthfund.org/Publications/Case-Studies/2013/Jan/VNSNYs-Choice-Program.aspx>.