NEW YORK STATE | Department of Health | Office of Health Insurance Programs

Social Determinants of Health and Value Based Payment

February 2018

Agenda

- Medicaid in SDH
- Beginning: MRT Supportive Housing
- New Opportunities: VBP and SDH/CBOs
- Next Steps/Goals for 2018

Rethinking Care for Medicaid's Highest-Need, Highest-Cost Populations

Social determinants account for 80% of health outcomes, which means that the majority of our health care costs can be attributed to non-clinical factors.

Addressing the social determinants is a smart business decision that can significantly decrease costs and utilization.

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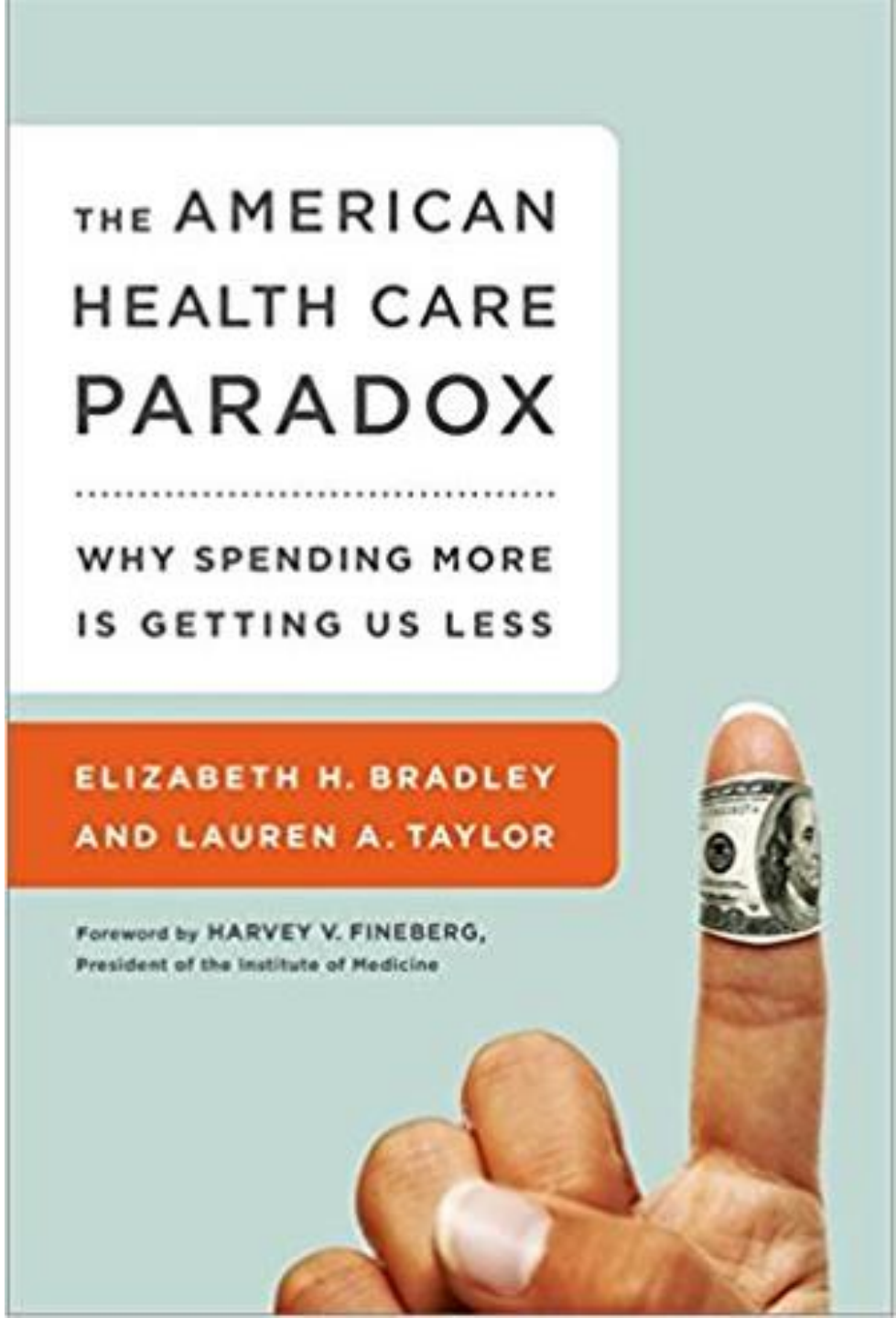
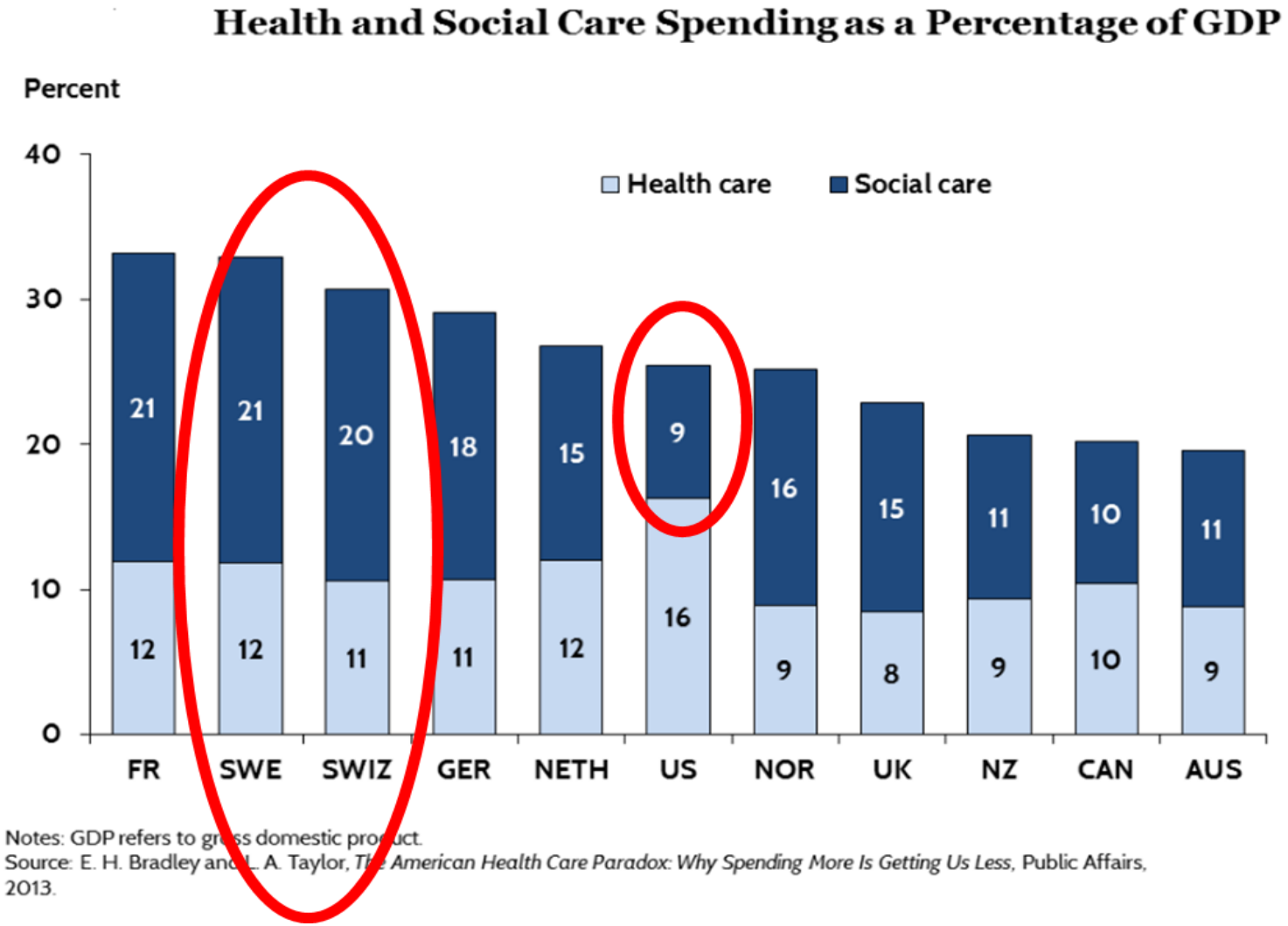
“The great paradox of American health care, according to Elizabeth Bradley and Lauren Taylor, is that although American per-capita spending on health far exceeds that of any other country on earth, the results achieved fall well short of other nations that spend much less. This includes such basic measures as life expectancy, maternal and infant mortality, and infant birth weight, for example. “

“Why is this important? As Bradley and Taylor convincingly show in this thought-provoking and well-written book, ignoring the economic and social circumstances that result in poor health makes treating the resulting health problems much more expensive. It also shifts the burden of addressing these problems to a health care system which simply isn’t able to address them effectively.”



Health Care and Social/SDH Spending



Notes: GDP refers to gross domestic product.
Source: E. H. Bradley and L. A. Taylor, *The American Health Care Paradox: Why Spending More Is Getting Us Less*, Public Affairs, 2013.

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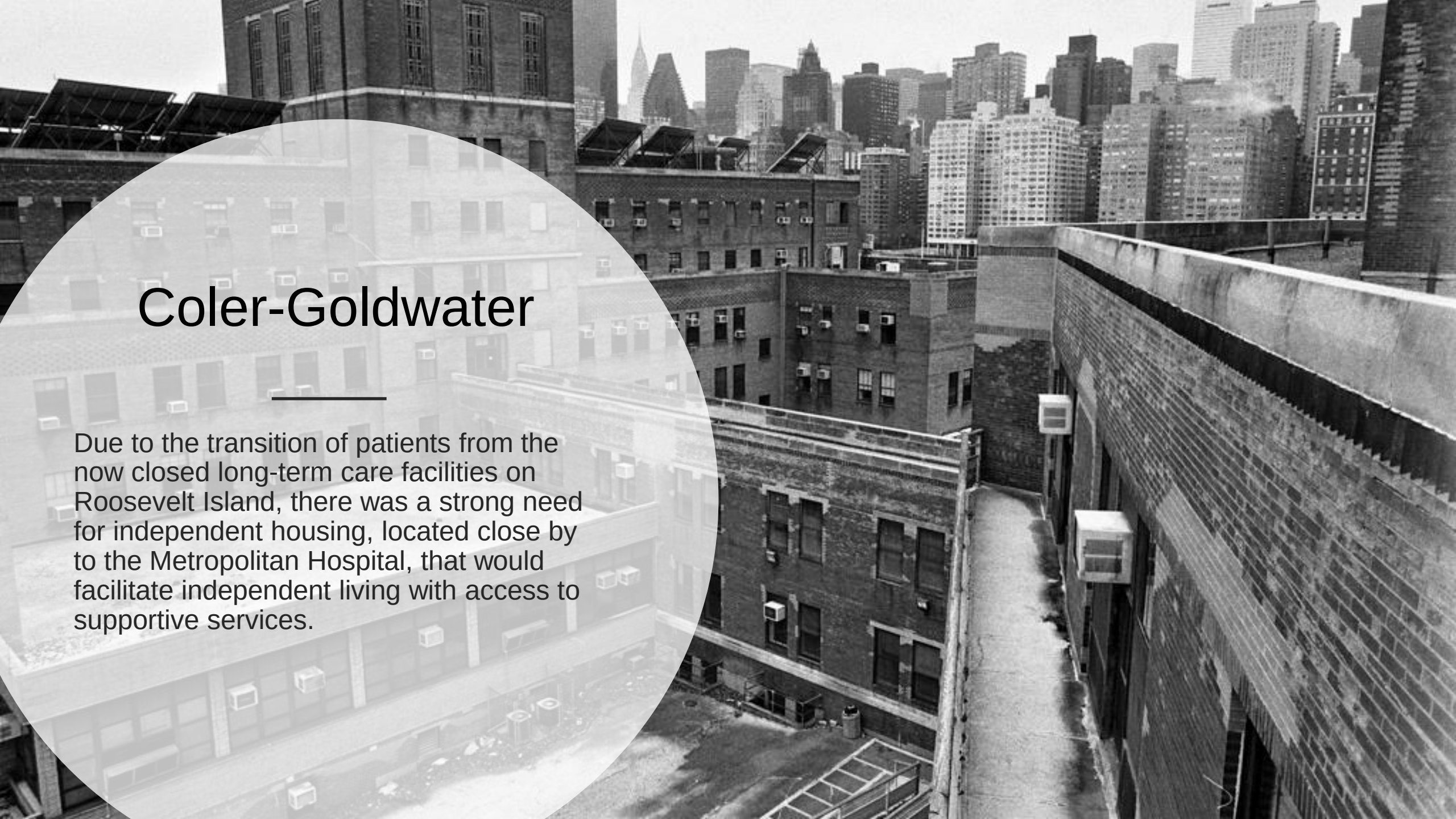
MRT Supportive Housing

- Medicaid Redesign Investment: **$641 Million over 7 years.**
- Funding is targeted to **high-cost Medicaid members.**
- MRT Supportive Housing investment targets **capital construction, rental subsidies and supports, and operating dollars.**
- **Outcomes, measures, research and evaluation are key components.**

3361 Third Avenue in the Morrisania neighborhood of the South Bronx.



Coler-Goldwater

Due to the transition of patients from the now closed long-term care facilities on Roosevelt Island, there was a strong need for independent housing, located close by to the Metropolitan Hospital, that would facilitate independent living with access to supportive services.

Medicaid Redesign Team Supportive Housing Initiative

- Metro East 99th Street was the first Medicaid Redesign (MRT) project to close in New York.
- It is also the first 100% affordable and 100% fully handicapped accessible project in the country.
- The project was designed for low-income disabled non-elderly and elderly persons who are chronically disabled and may require some support services available to live independently.
- 176 units include a mix of studios and one bedroom apartments
- Communal space, including a community room, resident lounges, and outdoor garden community space, space for adult social day or related programs, and amenities to make daily living and aging in place easier for the non-

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Housing Security: Outcomes of MRT Supportive Housing

Number of high-need Medicaid recipients served to date: **11,656**

Objective

- Medicaid Redesign Team Supportive Housing invests in the social determinants of health to reduce avoidable hospital utilization for high-cost, high-need Medicaid recipients

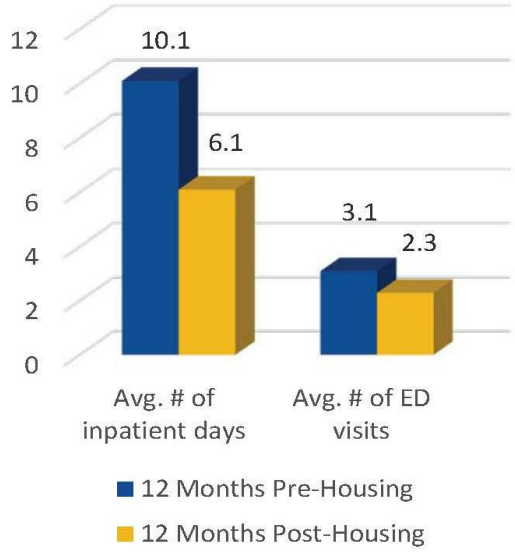
Accomplishments

- 40% reduction in inpatient days
- 26% reduction in emergency department visits
- 44% reduction in patients with inpatient rehab admissions
- 27% reduction in patients with inpatient psychiatric admissions
- Medicaid health expenditures reduced by 15% in one year (average decrease of $6,130 per person)
- Through strategic prioritization, the top decile of enrollees had average Medicaid savings of $23,000-$52,000 per person per year (varied by program)
- 29% increase in care coordination after housing enrollment
- MRT houses extremely vulnerable populations
  - 66% have a serious mental illness
  - 46% of a substance use disorder
  - 40% are HIV+
  - 53% have one or more other chronic medical conditions
  - 26% have at least three of these diagnosis types

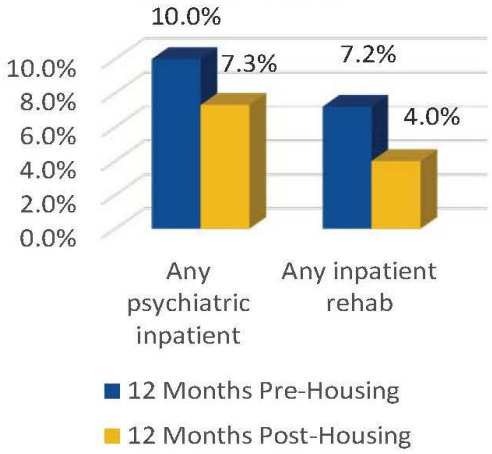
Benefits

- Reduce Medicaid health expenditures
- Improved participant health outcomes and quality of life
- Increased Olmstead compliance statewide

Decreased Inpatient, ED Use



Decreased Percentage of Recipients with Behavioral Health Admissions



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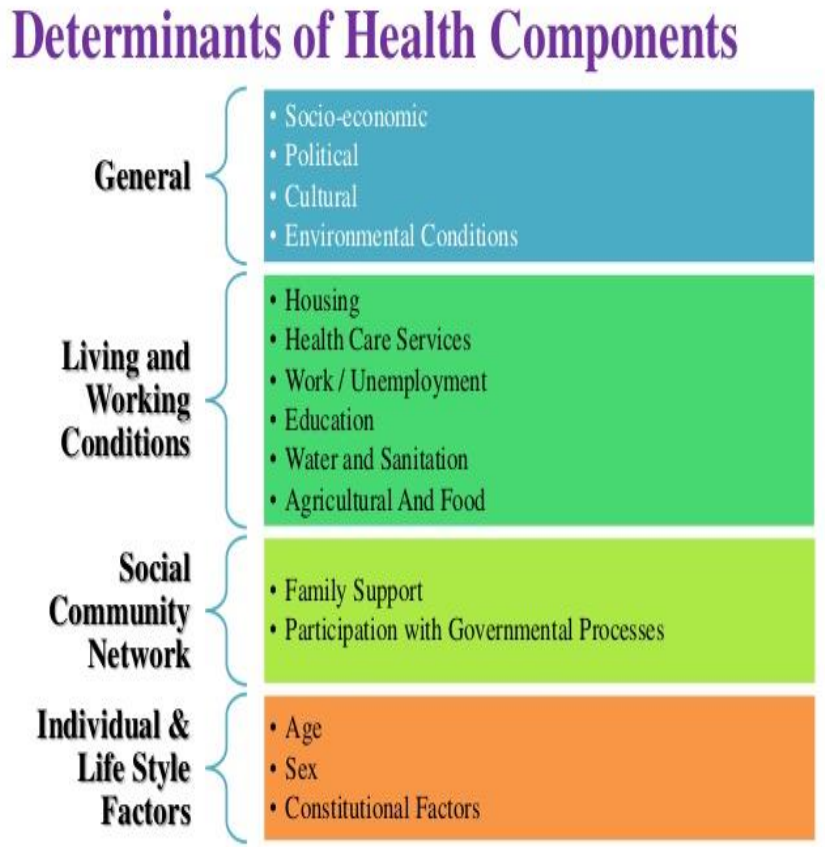
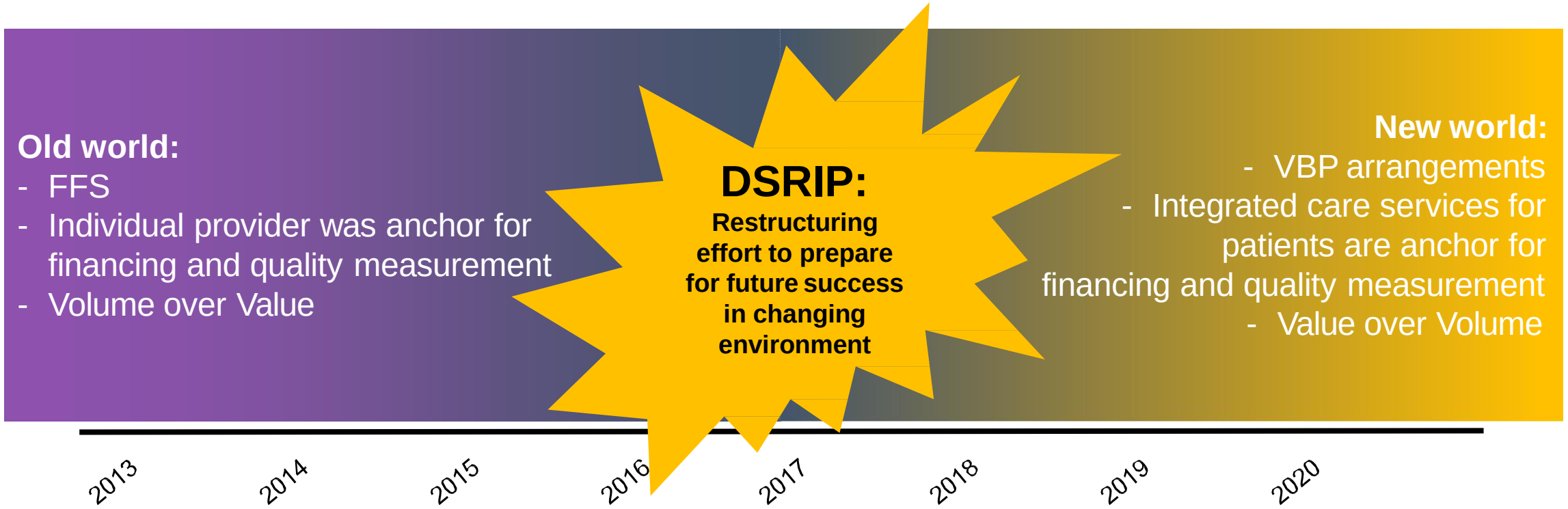
From Housing to all Social Determinants

- Medicaid (state only) invested in housing for over 5 years for high-cost Medicaid members.
- With the move to Value Based Payment, OHIP decided to create a bureau to address the social determinants of health, including housing.
- **Goal:** To engage all CBOs in SDH work and to foster collaborations with CBOs in the health care sector.

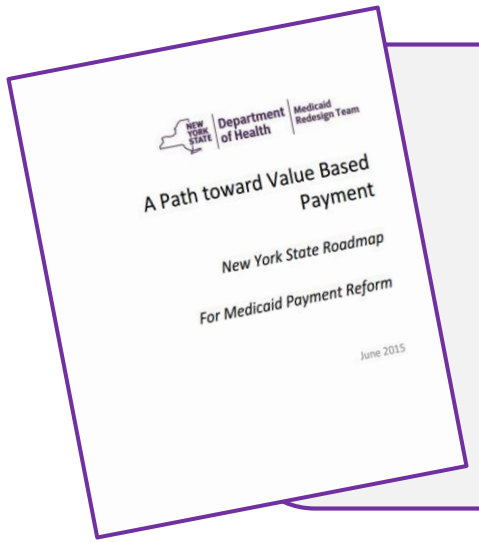


Value Based Payment is the Future



By DSRIP Year 5 (2020), all MCOs must employ VBP systems that reward value over volume for at least 80 % of their provider payments.

Standard: Implementation of SDH Intervention



*"To stimulate VBP contractors to venture into this crucial domain, VBP **contractors in Level 2 or Level 3 agreements** will be **required**, as a statewide standard, **to implement** at least **one social determinant of health intervention**. Provider/provider networks in VBP Level 3 arrangements are expected to solely take on the responsibilities and risk." (VBP Roadmap, p. 41)*

Description:

VBP contractors in Level 2 or 3 arrangement must implement at least one social determinant of health intervention.

Guideline: SDH Intervention Selection

*"The **contractors will have the flexibility to decide on the type of intervention** (from size to level of investment) that they implement…The guidelines recommend that selection be based on information including (but not limited to): SDH screening of individual members, member health goals, impact of SDH on their health outcomes, as well as an assessment of community needs and resources." (VBP Roadmap, p. 42)*

Description:

VBP contractors may decide on their own SDH intervention. Interventions should be measurable and able to be tracked and reported to the State. SDH Interventions must align with the five key areas of SDH outlined in the *SDH Intervention Menu Tool,* which includes:

1) Education, 2) Social, Family and Community Context, 3) Health and Healthcare 4) Neighborhood & Environment and 5) Economic Stability

The SDH Intervention Menu Tool was developed through the NYS VBP SDH Subcommittee and is available here:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/

Why is New York State Focusing on Social Determinants of Health?

Addressing social determinants can have a significant **impact on health outcomes**

SDH Interventions can be **less costly** than traditional medical interventions

Under VBP, VBP contractors aim to **realize cost savings** while achieving **high quality outcomes**

- The VBP program design **incentivizes** VBP contractors to **focus on** the core underlying drivers of poor health outcomes—**the Social Determinants of Health**

Food Security: Outcomes of Medically Tailored Meals (MTM)

God's Love We Deliver Nutrition Intervention Outcomes

- Low-cost/High-impact intervention: Feed someone for half a year by saving one night in a hospital
- Reduce overall healthcare costs by up to 28% (all diagnoses compared to similar patients not on MTM)
- Reduce hospitalizations by up to 50% (all diagnoses compared to similar patients not on MTM)
- Reduce emergency room visits by up to 58% (pre-post MTM intervention)
- Increase the likelihood that patients receiving meals will be discharged to their home, rather than a long term facility (23%) (all diagnoses compared to similar patients not on MTM)
- Increase medication adherence by 50% (pre-post MTM intervention)

VBP Pilot: Prevention Agenda Goals

"The State will monitor progress on the Prevention Agenda targets, including how VBP contractors (aim to) impact these targets. The State intends to introduce a dedicated value based payment arrangement for pilot purposes in 2018 to focus specifically on achieving potentially trailing Prevention Agenda targets through CBO-led community-wide efforts."(VBP Roadmap, p. 43)

Description: DOH is working on the development of a VBP pilot program aimed at the prevention agenda.

VBP Pilot: Prevention Agenda Goals

Asthma Prevention Agenda

- 27 - Asthma emergency department visit rate per 10,000 population
- 28 - Asthma emergency department visit rate per 10,000 - Aged 0-4 years

- **Pilot:** Create a VBP Prevention Agenda Pilot focusing on asthma in the Bronx.

- Other ideas?

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Bureau of Social Determinants of Health 2018 Goals

Implement the VBP Roadmap Requirements Related to SDH and CBOs	• Review VBP Level 2 and 3 Contracts and Amendments • Track SDH Interventions and CBO • Provide support and technical assistance
Begin CBO SDH Regional Meetings	• Regional meetings with MCOs, VBP contractors, CBOs, & health care providers • Maximize CBO and SDH interventions in the health care system.
Improve SDH Measures in Population Health and Payment Reform	• Increase data collection on SDHs (i.e. electronic health records) • Standardize SDH Quality Measures and incorporating into QARR • Risk Adjustment MMC Plans for SDH
Create a New Housing Referral Process	• Integrate MRT SH with PPSs, VBP Contractors, and Health Systems • Create a plan to expand to families to align with the First 1,000 Days

Thank you!

Contact Us:

Bureau of Social Determinants of Health

SDH@health.ny.gov