NEW YORK STATE | Department of Health | Medicaid Redesign Team

Social Determinants of Health and Community Based Organizations

Subcommittee Meeting #5

November 17, 2015

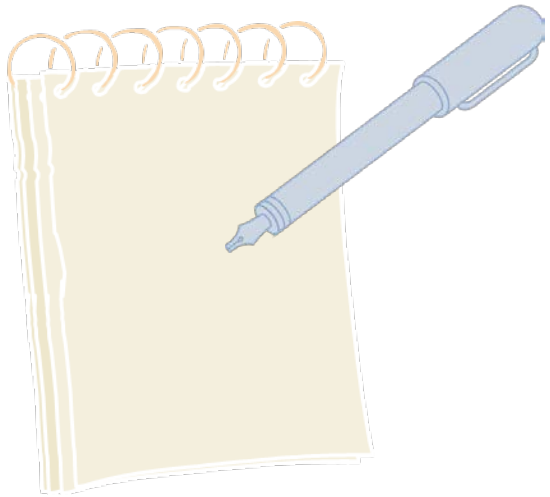
Reminder: Meeting Schedule and Logistics

Meeting #	Confirmed Date	Time	Location
Meeting 1 - SDH	7/30/2015	1:00-4:00pm	Albany – HANYS
Meeting 2 - SDH	8/19/2015	1:00-4:00pm	Albany School of Public Health – Massry Center
Meeting 3 - SDH	9/9/2015	1:00-4:00pm	90 Church St., NYC
Meeting 4 - CBO	10/15/2015	12:00pm-3:00pm	57 Willoughby St., Brooklyn, NY
Meeting 5 - CBO	11/17/2015	12:30-3:30pm	90 Church St., NYC
Meeting 6 - CBO	12/16/2015	12:30-3:30pm	Albany - HANYS

Agenda

1. SDH Recommendations for VBP Workgroup
   a. Revisions to Existing Recommendations
   b. New Recommendations
      - Member and Community Goals
      - Children and Adolescents in VBP
      - Housing – COC Collaboration
      - Housing – NY/NY Agreements

2. CBOs in VBP
   a. Prevention Agenda & Cultural Competence
   b. Formation of New CBO Entities
   c. Updated CBO Categories & Barriers to Integration
   d. Draft CBO Recommendations



1. SDH Recommendations for the VBP Workgroup

Current SDH Recommendations

The subcommittee revised two and created four new recommendations since the last meeting. Please see the table below and on the following slide. Grey highlight indicates a revision and orange indicates a new recommendation. The recommendations are further outlined on slides 7-12.

No.	Recommendations	Change
1	Implement interventions on a minimum of one SDH	Yes
2	SDs to address should include both needs and goals of individuals and the community	New
3	Invest in ameliorating an SDH at the community level	Yes
4	Incentivize and reward providers for taking on a member and community-level SDH	No
5	Maintain a robust catalogue of resources to connect individuals to community resources	No
6	Employ a workforce that reflects and is culturally sensitive to the community served	No
7	Form a taskforce of experts focused on children and adolescents in the context of VBP	New
8	Utilize an assessment tool to measure and report on SDs that affect members	No
9	Set up a system to track what interventions are successful and how they are measured	No
10	Track discrete outcomes of interventions and use a CQI model for enhancing them	No
11	Incorporate SDH into QARR Measures	No

Current SDH Recommendations

The subcommittee revised two and created four new recommendations since the last meeting. Please see the table below and on the previous slide. Grey highlight indicates a revision and orange indicates a new recommendation. The recommendations are further outlined on slides 7-12.

No.	Recommendations	Change
12	Require Medicaid providers, MCOs, and the State to collect standardized housing stability data	No
13	Provider, provider networks and MCOs should coordinate with Continuum of Care (COC) entities, where they exist, when considering investments to expand housing resources	New
14	New York City, the State, and other involved localities should update the NY/NY agreements to give priority to homeless persons who meet HARP eligibility criteria without regard for specific diagnoses or other criteria	New
15	Submit a NYS waiver application to CMS that tracks the June 26, 2015 CMCS Information Bulletin	No
16	Leverage the Medicaid Reform Team housing work group money to advance a VBP-focused action plan	No
17	Submit a waiver application that challenges the restrictions on rent in the context of VBP	No
18	Provider networks could participate in a co-investing model	No
19	Provider networks could participate in innovative contracting	No
20	Provider networks could invest in one or more social impact bonds	No

Recommendation #1

Revised

Current Recommendation:

Providers/provider networks should implement interventions on a minimum of one Social Determinant of Health. The social determinants (SDs) to be addressed should be based on the results of an assessment of individual members and the impact of SDs on their health outcomes, as well as an assessment of community needs and resources.

- *VBP Level 1 Providers: Guideline*
- *VBP Level 2 or 3 Providers/Provider Networks: Standard*

Update:

Removed information on how to determine the SD to be addressed as it has been developed into a new recommendation.

Proposed Recommendation:

Providers/provider networks should implement interventions on a minimum of one SDH.

- *VBP Level 1 Providers: Guideline*
- *VBP Level 2 or 3 Providers/Provider Networks: Standard*

Note: For your reference, please refer to the Draft Recommendations document (pg. 3) for the complete current recommendation and description.

Recommendation #2:
Member and Community Goals

New

Proposed Recommendation:

The SD(s) chosen to be addressed by providers/provider networks should be based on the results of an assessment of individual members, their health goals and the impact of SDs on their health outcomes, as well as an assessment of community needs and resources.

- *VBP Level 1 Providers: Guideline*
- *VBP Level 2 or 3 Providers/Provider Networks: Standard*

Note: For your reference, please refer to the Draft Recommendations document (pg. 3-4) for the complete current recommendation and description.

Recommendation #3

Revised

Current Recommendation: Providers/provider networks and MCOs should invest in ameliorating an SDH at the community level.

Update: Revised to encourage VBP contractors to use the flexibility of the recommendation to determine the best approach for improving an SDH, which may be to collaborate with CBOs.

Proposed Recommendation:
Providers/provider networks and MCOs should invest in ameliorating an SDH at the community level.

- *VBP Level 1 Providers: Guideline; VBP Level 2 or 3 Providers/Provider Networks: Standard; MCOs: Standard*

Description: Providers/provider networks and MCOs should invest in **effective** interventions that have a **meaningful** impact on the overall population health and the overall wellbeing of the community in which it serves. **The nature of the intervention(s) should be negotiated between the VBP contractor and MCO, taking into account population health and preventative health needs identified by the community. Providers/provider networks and MCOs may wish to collaborate with CBOs to support, develop, and broaden their reach to more communities.** Networks may want to consider larger partnerships and advocate for systemic improvements that might not be easily quantified on the individual member level immediately or in the short-term. Ultimately the goal should be to track the impact of interventions, not just on an individual level, but on a population level.

Note: For your reference, please refer to the Draft Recommendations document (pg. 4) for the complete current recommendation and description.

Recommendation #7
Children and Adolescents in VBP

New

Proposed Recommendation:

Form a taskforce of experts specifically focused on children and adolescents in the context of VBP. This process should be initiated by the State in an inclusive manner.

- *State: Advisory Guidance*

Note: For your reference, please refer to the Draft Recommendations document (pg. 5-6) for the complete current recommendation and description.

Recommendation #13
Housing – COC Collaboration

New

Proposed Recommendation:

Provider/provider networks and MCOs should coordinate with Continuum of Care (COC) entities, where they exist, when considering investments to expand housing resources. This could ensure that resources are aligned with documented community needs and priorities, and coordinated with other resources and the many stakeholders seeking to serve this at-risk population.

- *VBP Level 1 Providers: Guideline*
- *VBP Level 2 or 3 Providers/Provider Networks: Guideline*
- *MCOs: Guideline*

Note: For your reference, please refer to the Draft Recommendations document (pg. 11) for the complete current recommendation and description.

Recommendation #14
Housing – NY/NY Agreements

New

Proposed Recommendation:

New York City, the State, and other involved localities should update the NY/NY Agreements to give priority to homeless persons who meet HARP eligibility criteria without regard for specific diagnoses or other criteria. For units that do not include HUD capital or operating dollars, the definition of "homeless" should be modified to include persons who are presently in institutional or confined settings so they are considered for housing before discharge.

- *New York City, the State, and other involved localities: Advisory Guidance*

Note: For your reference, please refer to the Draft Recommendations document (pg. 11) for the complete current recommendation and description.

2. CBOs in VBP

NYS Prevention Agenda

As we review the CBO recommendations on the following slides, consider whether they align to the Prevention Agenda and the State's vision for CBO integration and responsibilities in VBP. Think about whether additional recommendations may also be required to ensure alignment.

From the VBP Roadmap (page 28)

"Given the current state of primary care and the development of integrated delivery system in New York, and the difficulty in truly moving the needle on a population-wide basis within a few years, the DSRIP Domain 4 population health measures are Pay for Reporting only**. In the near future, though, the State envisions culturally competent community based organizations (CBOs) actively contracting with PPSs and/or APC organizations to take responsibility for achieving the State's Prevention Agenda.** DSRIP starts to build the infrastructure to take on housing, job placement, community inclusion, and criminal justice alternatives as levers to increase population health. **The State foresees VBPs will become a vehicle to maintain this infrastructure. Specifically, the State aims to introduce a dedicated value-based payment arrangement for pilot purposes in DY 3 to focus specifically on achieving the Prevention Agenda targets through CBO-led community-wide efforts**."

What is the Prevention Agenda?

The Prevention Agenda 2013-17 is the blueprint for state and local action to improve the health of New Yorkers in five priority areas (chronic disease; mental health and substance abuse; women, infants, children; environment; HIV, STD, vaccines & HAI) and to reduce health disparities for racial, ethnic, disability, socioeconomic and other groups who experience them.[1]

[1]https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

NYS Prevention Agenda: Supporting VBP for Social Determinants of Health

Jo Ivey Boufford, MD, Chair, Ad Hoc Committee to Lead Prevention Agenda
Sylvia Pirani, Director, Office of Public Health Practice, NYSDOH
November 17, 2015

Prevention Agenda 2013-2018

- **Led by Ad Hoc Leadership Group** appointed by PHHPC, including leaders from health, business, academia, CBOs, LHDs, OMH and OASAS

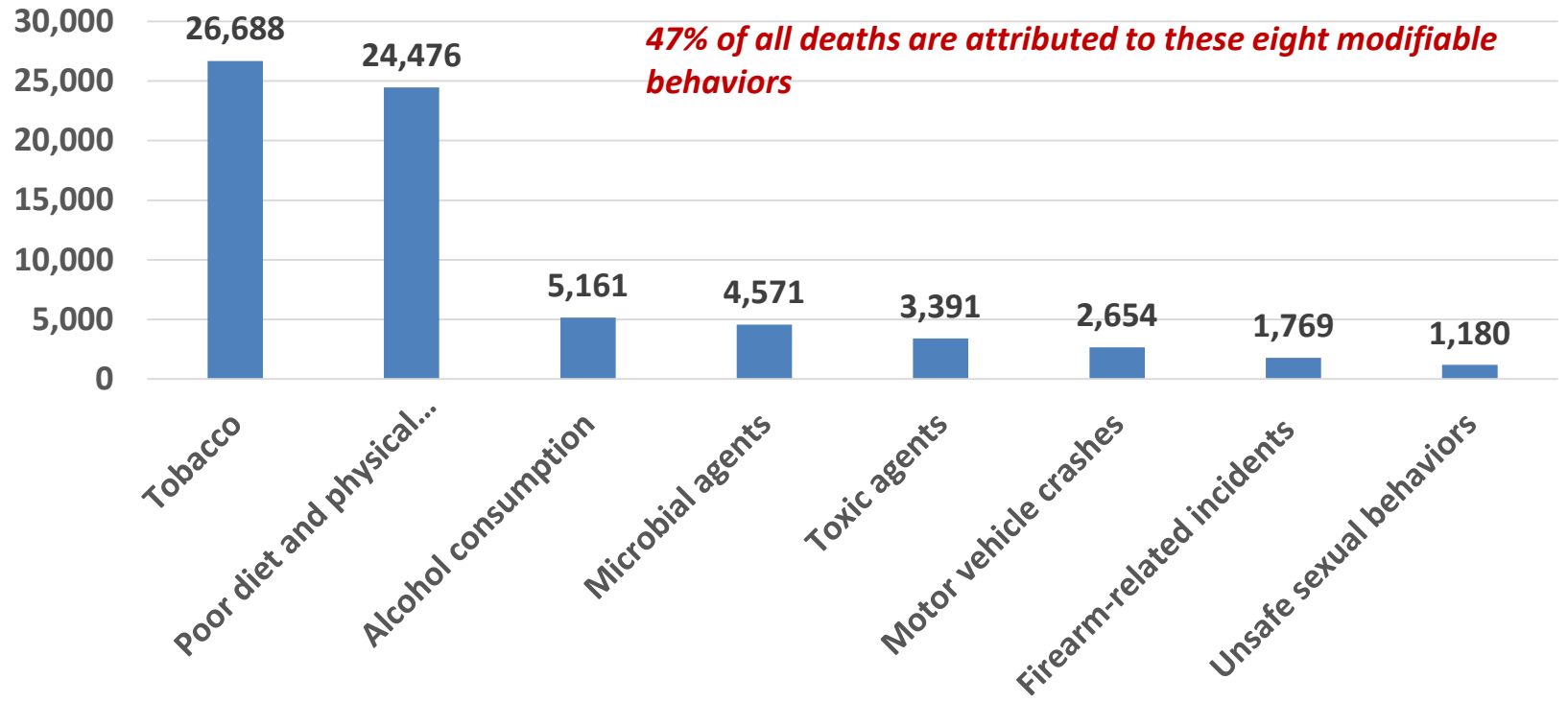
- **Call to action** to broad range of stakeholders to collaborate at the community level to **assess** local health status and needs; **identify** local health priorities; and **plan, implement and evaluate** strategies for community action to improve the community's health.

- **Fulfills regulatory state / federal requirements** for hospitals and local health departments to conduct community health assessments and plans

- Mobilizes community health action through multi-stakeholder coalitions to **compliment clinical components of NYS Health Care Reform** in DSRIP and SIM

Almost half of all deaths in NYS are attributable to modifiable behaviors that could be addressed at least in part by addressing social determinants of health

Estimated number of deaths due to modifiable behaviors, NY State, 2013



Source: *Estimates were extrapolated using the results published in:*
"Actual Causes of Death in the United States, 2000", JAMA, March 2004, 291 (10) and NYS 2013 death data

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Prevention Agenda priorities and goals are focused on what determines health:

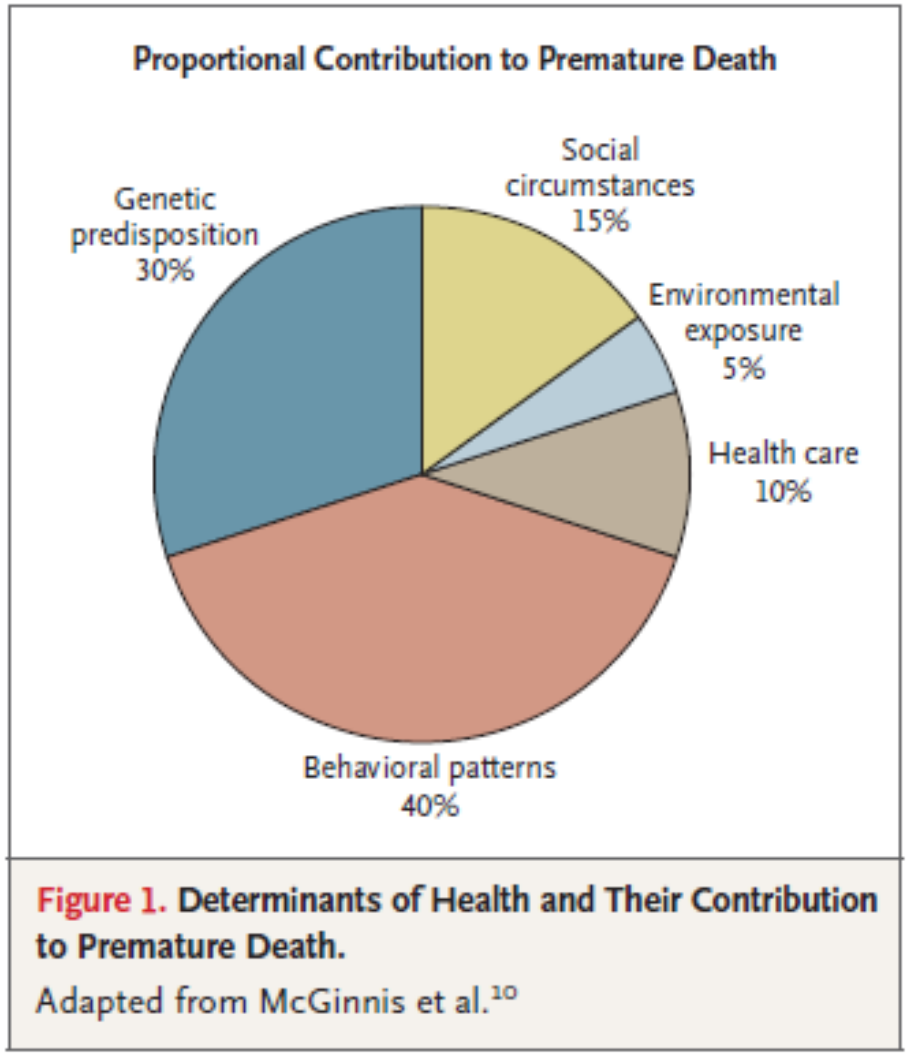


Figure 1. Determinants of Health and Their Contribution to Premature Death.

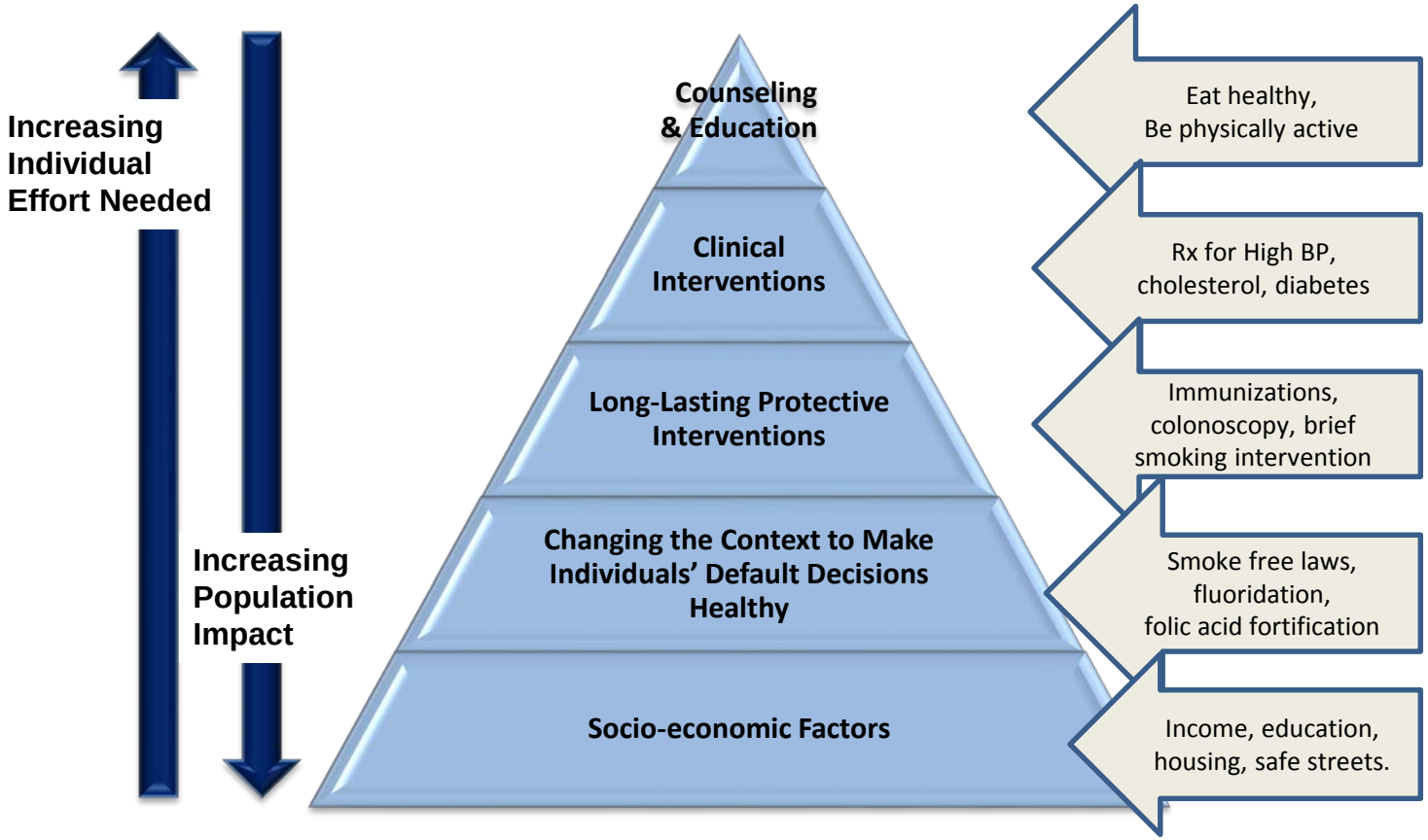
Adapted from McGinnis et al.[10]

Five Prevention Agenda Priorities

1. Prevent chronic diseases
2. Promote mental health and prevent substance abuse
3. Promote a healthy and safe environment
4. Promote healthy women, infants and children
5. Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare associated infections

Our priority focus is on policy and systems changes to address underlying drivers of health, including social determinants of health:

Health impact pyramid: framework for improving health



Source: Frieden T., A Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health.* 2010; 100(4): 590-595

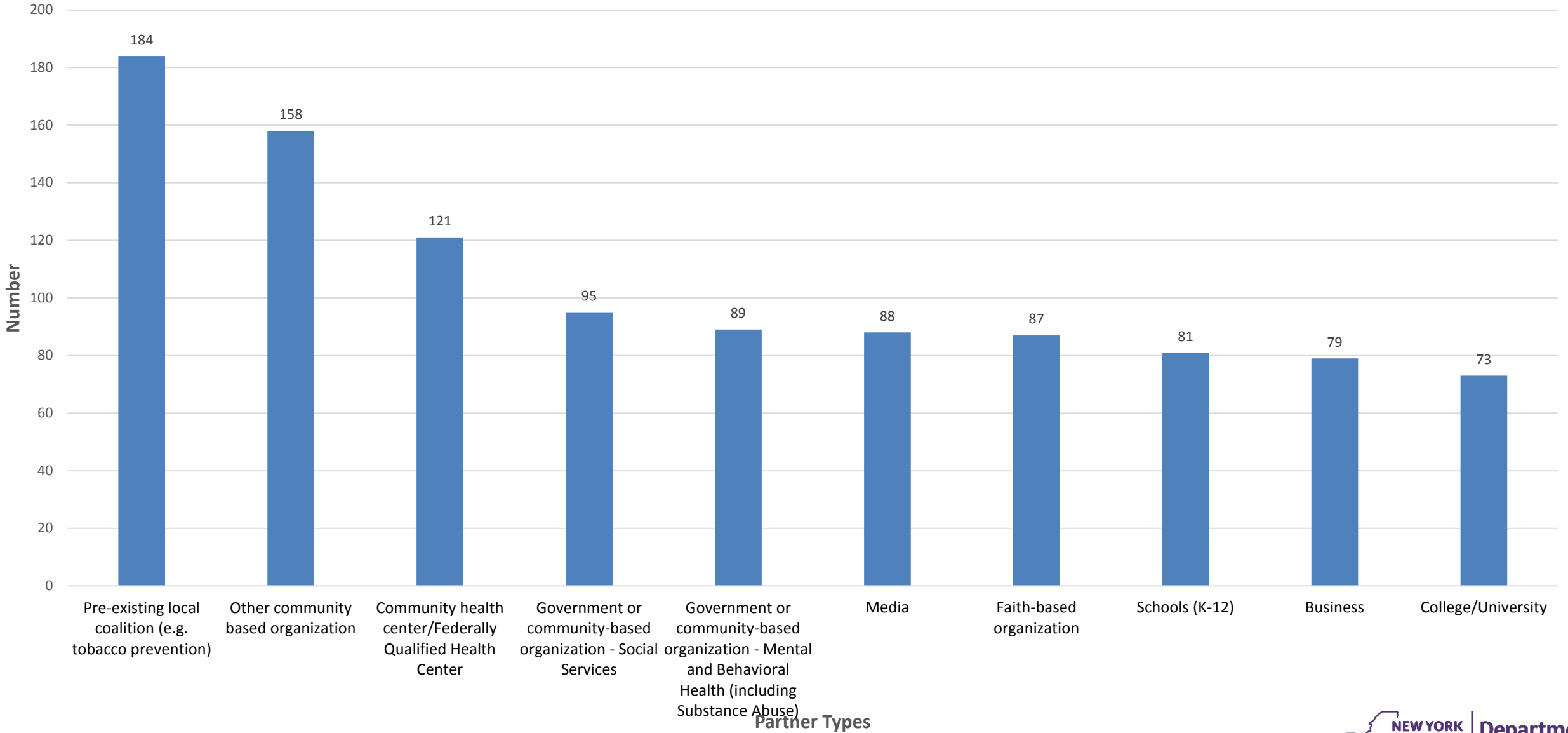
These initiatives deliver a return on investment in the short term:

- Comprehensive package of proven community based interventions to promote physical activity, nutrition, obesity prevention and smoking cessation has an estimated ROI of $5.60 to $1.00 invested in 5 years

- An investment of $10 per person in these community based programs in New York State ($190 M) was estimated to result in an all-payer net savings of $250m in 1-2 years to $3.1b in 5 years

Source: Trust for America's Health. Prevention for a Healthier America, July 2008

Top Partner Types Among Local Health Departments & Hospitals, December 2014



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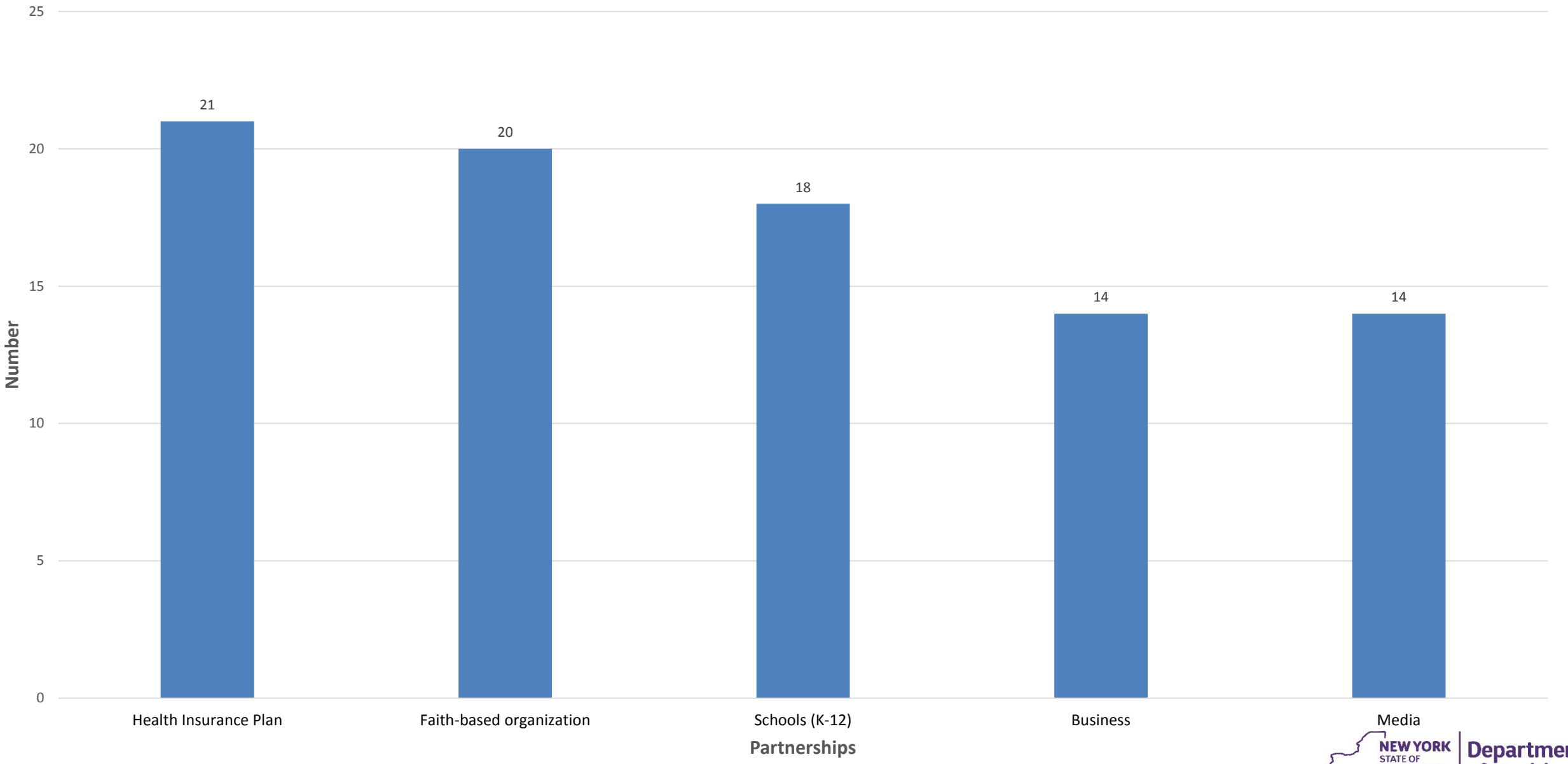
Top Partnerships Local Health Departments And Hospitals Require Help To Develop, December 2014



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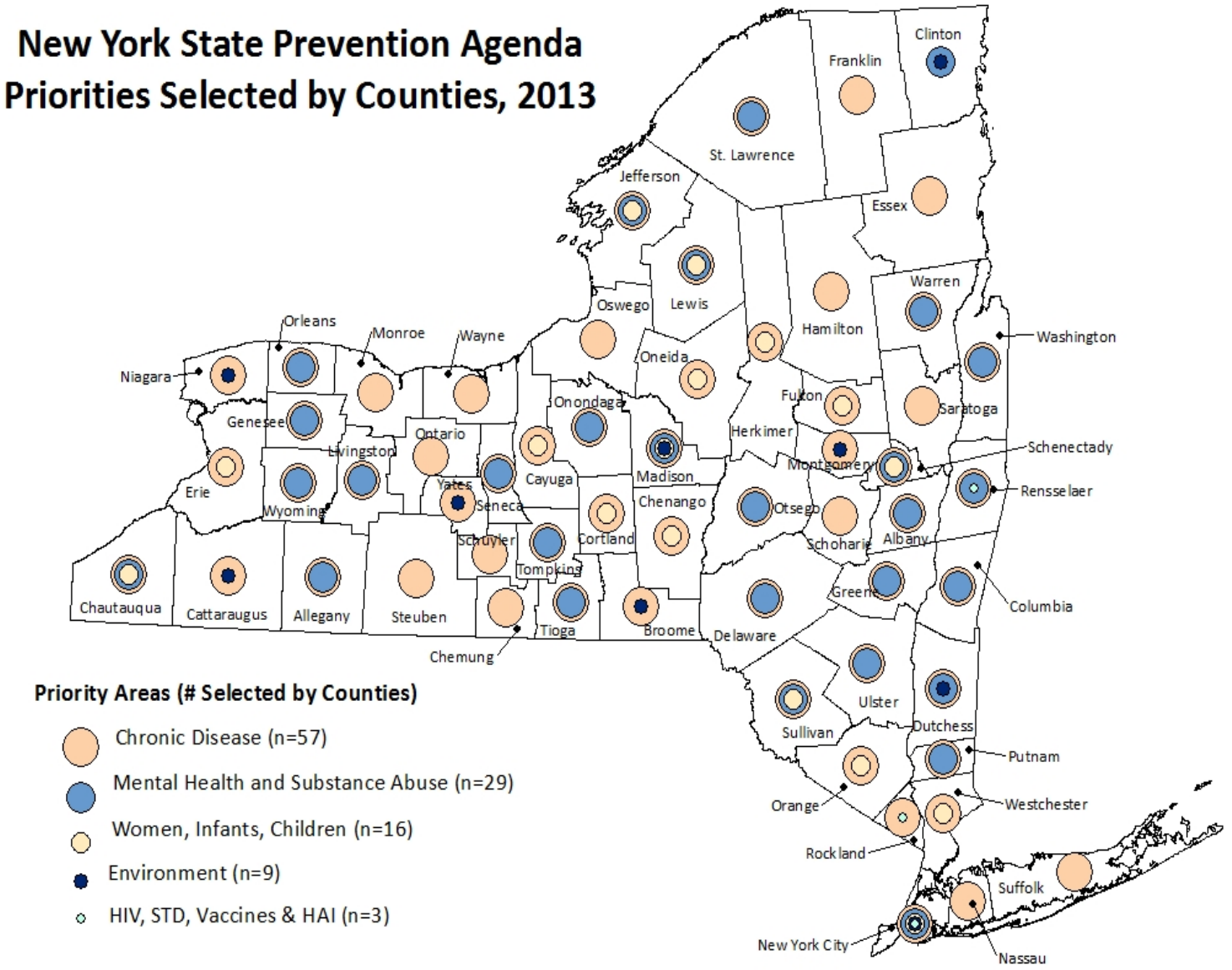
New York State Prevention Agenda Priorities Selected by Counties, 2013



Priority Areas (# Selected by Counties)

- Chronic Disease (n=57)
- Mental Health and Substance Abuse (n=29)
- Women, Infants, Children (n=16)
- Environment (n=9)
- HIV, STD, Vaccines & HAI (n=3)

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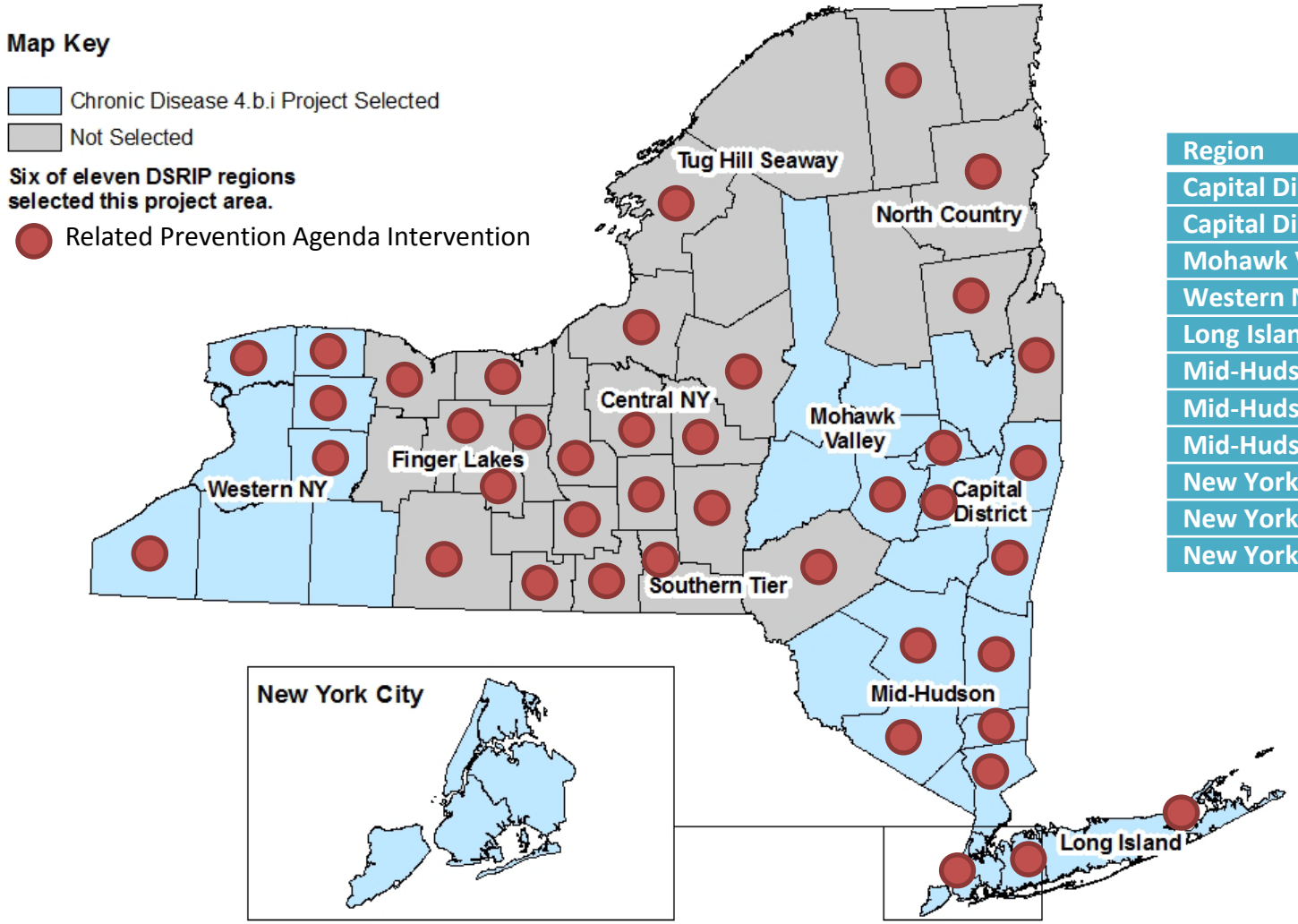
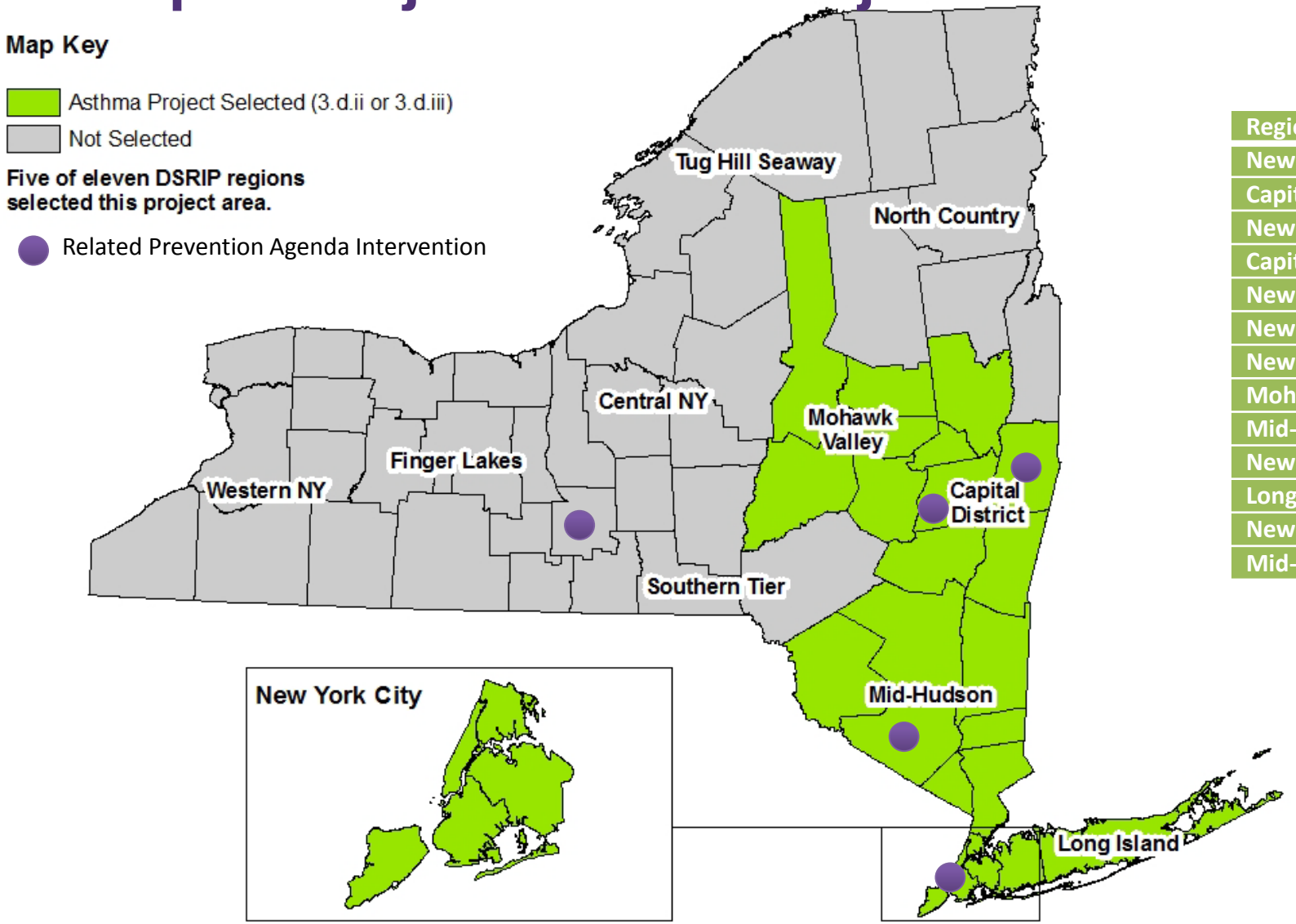
Connections between Prevention Agenda And DSRIP
Example: Project 4.b.i: Tobacco Cessation



Region	PPS
Capital District	Albany Medical Center Hospital
Capital District	Ellis Hospital
Mohawk Valley	Mohawk Valley (Bassett)
Western NY	Catholic Medical Partners
Long Island	Nassau County PPS
Mid-Hudson	Refuah Health Center
Mid-Hudson	Montefiore Medical Center
Mid-Hudson	Westchester Medical Center
New York City	Lutheran Medical Center
New York City	Advocate Community Partners (AW)
New York City	The NY and Presbyterian Hospital

Connections between Prevention Agenda And DSRIP
Example: Project 3.d.ii & Project 3.d.iii: Asthma



Region	PPS
New York City	Advocate Community Partners (AW)
Capital District	Albany Medical Center Hospital
New York City	Bronx-Lebanon Hospital Center
Capital District	Ellis Hospital
New York City	HHC Facilities
New York City	Lutheran Medical Center
New York City	Maimonides Medical Center
Mohawk Valley	Mohawk Valley (Bassett)
Mid-Hudson	Montefiore Medical Center
New York City	St. Barnabas Hospital
Long Island	Stony Brook University Hospital
New York City	The NY Hospital of Queens
Mid-Hudson	Westchester Medical Center

Through VBP, health care providers can advance the Prevention Agenda by focusing attention on:

- Delivering clinical preventive services that will help achieve Prevention Agenda goals
- Strengthening community linkages and partnerships to improve delivery of clinical services
- **Supporting policies and changes in the community that make communities healthier and promote community- wide prevention efforts**

Aligning VBP Recommendations Related to SDH with the Prevention Agenda

- Include in the **overarching framework** background on the Prevention Agenda (PA)
  - State VBP is aligned with and supports the PA goals of making NY the healthiest state.
    - The PA explicitly acknowledges the sectors outside of health care that the recommendations address, with evidence-based interventions by sector.

- In terms of **incorporating "community goals**," the local Prevention Agenda priorities should be explicitly mentioned or given additional weight.
  - Particularly the chronic disease and promote mental health/prevent substance abuse priority areas, as they were most widely selected by local health departments and hospitals, and align with many DSRIP projects.

- Primary care providers, networks and managed care organizations should be required to **participate in local Prevention Agenda (PA) coalitions** as applicable to their patient population to address broader determinants of health.

VBP Recommendations Related to SDH (cont'd)

- Recommendation1-Work with CBOs to implement intervention on minimum of one SDH
- Recommendation 2-Maintain, etc. should be a standard across the board and supported by the State
- Recommendation 4- for SDH investment for hospital providers:
  - Recommend the consideration of using Community Benefit dollars to augment the investment and consider the local PA priorities in determining investment.
- Recommendation 5- Incentives/rewards for providers addressing SDH:
  - Consider adjusting incentive depending on whether or not the local PA priority is being addressed (or perhaps matched with Community Benefit dollars).

VBP Recommendations Related to SDH (cont'd)

- **Measurement recommendations**: State tracking should be integrated with or aligned with the Prevention Agenda dashboard.
- **Methods to capture savings:** Emphasize the value of community-based providers and organizations (particularly non-Medicaid licensed providers) as co-investors or sub-contractors.
- **Additional considerations**:

  DSRIP domain 4 measures are currently pay-for-reporting only. The current recommendations do not make providers accountable for population health results. In the CBO section, there is discussion of making CBOs accountable for PA results. Providers should also be held accountable in the future.

CBOs in VBP

- Throughout the CBO recommendations: acknowledge that PA is an overarching framework for activities.
- Providers will need TA, beyond developing educational materials, to successfully partner with CBOs.
- CBOs may also need TA to understand their potential to contribute to broader determinants of health. Resources from Prevention Agenda and SIM could assist:
  - PA Website includes evidence based interventions sorted by partner organization
  - SIM grant will fund public health consultants in regions to help connect primary care providers and local community coalitions to take action on community health

https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

What Does it Mean to be Culturally Competent?

There are many definitions of cultural competence. Should the State have it's own definition of cultural competence in the VBP Roadmap?

"A set of congruent behaviors, attitudes and policies that come together as a system, that system, agency or those professionals to work effectively in cross-cultural situations. The word "culture" is used because it implies the integrated pattern of human thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word competence is used because it implies having a capacity to function effectively."[1]

"Cultural knowledge, awareness, and sensitivity combined with operational effectiveness. A culturally competent organization has the capacity to bring into its system many different behaviors, attitudes, and policies and work effectively in cross-cultural settings to produce better outcomes."[2]

5 Essential Principles of Cultural Competence[2]

- Valuing diversity
- Conducting cultural self-assessment
- Understanding the dynamics of difference
- Institutionalizing cultural knowledge
- Adapting to diversity

[1] http://www.aafp.org/fpm/2000/1000/p58.html
[2] http://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/culturally-competent-organizations/main

Formation of New CBO Entities for VBP

Last meeting, the Subcommittee discussed the possibility of CBOs coming together to form a legal entity to support their VBP efforts.

Key Question: What do CBOs want to achieve by combining into an IPA or other legal entity?

If CBOs form an IPA or other type of entity to:

- Negotiate collectively with an MCO **it may** be an anti-trust issue
- Join into a VBP agreement **it may** be acceptable
- Share risk **it may** be acceptable as a "safe harbor" under anti-trust laws

Concerns/Barriers about forming an IPA or other entity include:

- Anti-trust issues
- Potential for significant financial loss if CBOs cannot agree on terms; dollars spent with no value added
- Difficulty with entering into a stop-loss insurance plan

Updated CBO Categories

The CBO categories were revised based on input from the last meeting. The expectation is that VBP networks should work with all types of CBOs. The purpose of the categories is solely to help guide the discussion on the support and technical needs of CBOs in VBP.

- Non-profit, Non-Medicaid billing, community-based social and human service organizations (e.g. housing, social services, religious organizations, food banks)
- Non-profit, Medicaid billing, non-clinical service providers (e.g. transportation, care coordination)
- Non-profit, Medicaid billing, clinical and clinical support service providers licensed by DOH, OMH, OPW, or OASAS

Notes:

- CBO definitions above may include county-operated organizations
- CBOs may fit into more than one category

Updated Barriers to Integration

The barriers discussed in the last meeting were updated and categorized based on Subcommittee feedback and helped to form the CBO recommendations on the following slides.

Capacity & Resource Constraints

- Minimal relationship forming/building ability within healthcare sector
- Lack of geographical availability
- Lack of assistance provided by capacity-building human services associations
- Lack of proper compliance programs
- Limited or no access to legal resources

Knowledge Deficit

- Lack of hospitals' knowledge of CBO services and operations
- Lack of experience in workflow change/transformation
- Lack of VBP program awareness/ communication
- Knowledge deficit in VBP planning implementation
- Lack of business acumen
- Lack of evidence-based solutions

Infrastructure Challenges

- Lack of IT connectivity
- Inability to share information and measure outcomes
- Difficulty obtaining referrals from healthcare community
- Few alternative service delivery models

Monetary Deficits

- Inadequate cash flow/ financial capabilities
- Inability to take on risk
- Inadequate funding
- Lack of transparency of MCO Savings
- Lack of infrastructure investment

CBO Recommendations: Four Categories

Draft CBO recommendations have been developed based off the Subcommittee's input and the SCAN Foundation's case studies. The recommendations have been separated into the four categories below:

1. Basic Education
2. Broad Based Technical Assistance
3. On-the-Ground Support
4. CBO Involvement in the Development of VBP Networks

Draft CBO Recommendations

Category 1: Basic Education

1. Develop Educational Materials	• The State or a third party should develop educational materials on VBP that focuses on both CBOs' part in the system and guidance on the value proposition CBOs should expect to provide when contracting with providers/provider networks.

Please see Draft CBO recommendations document for detailed descriptions

Draft CBO Recommendations

Category 2: Broad-Based Technical Assistance

2. Develop a CBO "Stress Test"	• The State or a third party should develop a "stress test" for CBOs to help determine their readiness to enter into VBP arrangements. This will also provide information to assist the CBO with areas where further development may be necessary before entering a VBP contract.
3. Electronically Link Member SDH Information to Appropriate CBO	• The State should create a workgroup to determine the possibility of, or options for, developing a user-friendly system for providers to link members' SDH(s) to the appropriate CBO(s). The providers/provider networks will be responsible for implementing the system within their networks.

Please see Draft CBO recommendations document for detailed descriptions

Draft CBO Recommendations

Category 3: On-the-Ground Support

4. Create a "Design and Consultation" Team	• The State should create a "design and consultation" team comprised of experts from relevant State agencies and advocacy and stakeholder groups to provide focused consultation and support as requested by CBOs who are either involved or considering involvement in VBP.
5. Assist with PAM Tool Use and Data Collection	• Providers should assist CBOs with implementation and data collection of the Patient Activation Measure (PAM) tool.

Please see Draft CBO recommendations document for detailed descriptions

Draft CBO Recommendations

Category 4: CBO Involvement in the Development of VBP Networks

6. Integrate CBO Case Managers	• The State should require integration of CBO Case Managers in the acute care setting.
7. Contract with CBOs in a Meaningful Way	• Every VBP contracting entity (e.g. providers, provider networks) will contract and engage with a minimum of one CBO in a way that the CBO considers meaningful.
8. CBO Representation on the Board of Every VBP Contracting Entity	• The State should require that a CBO representative be on the board of every VBP contracting entity to ensure community needs are properly considered.

Please see Draft CBO recommendations document for detailed descriptions

Revisiting the Barriers to Integration

Do the recommendations address all identified barriers? Does the SC want to create further recommendations for any unaddressed barriers?

Capacity & Resource Constraints

- Minimal relationship forming/building ability within healthcare sector
- Lack of geographical availability
- Lack of assistance provided by capacity-building human services associations
- Lack of proper compliance programs
- Limited or no access to legal resources

Knowledge Deficit

- Lack of hospitals' knowledge of CBO services and operations
- Lack of experience in workflow change/transformation
- Lack of VBP program awareness/ communication
- Knowledge deficit in VBP planning implementation
- Lack of business acumen
- Lack of evidence-based solutions

Infrastructure Challenges

- Lack of IT connectivity
- Inability to share information and measure outcomes
- Difficulty obtaining referrals from healthcare community
- Few alternative service delivery models

Monetary Deficits

- Inadequate cash flow/ financial capabilities
- Inability to take on risk
- Inadequate funding
- Lack of transparency of MCO Savings
- Lack of infrastructure investment

Reminder: Meeting Schedule and SC Input

The last meeting will take place on Wednesday, December 16, 2015 from 12:30 to 3:30 PM at the Healthcare Association of New York State (HANYS) building.

We would like input from the subcommittee members on additional recommendations for CBO involvement and success in VBP.

Please email Joshua McCabe @ joshuamccabe@kpmg.com with your ideas by Monday, November 23, 2015.

Subcommittee Co-chairs

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