



**Department
of Health**

**Medicaid
Redesign Team**

VBP Bootcamp

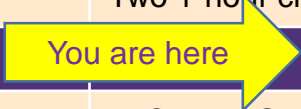
Social Determinants of Health (SDH) & Community Based Organizations (CBOs)

Class 1

January 9, 2018

Agenda

Area	Details	
Timing	Two 1-hour classes will be held.	
	Class 1	Class 2
Topics	<ul style="list-style-type: none"> • CBO & SDH Roadmap Requirements • Examples of SDH Interventions & Strategies • Provider Led Knowledge Sharing 	<ul style="list-style-type: none"> • Top 10 Things Providers & CBOs Should Know • CBO Contracting Methods • Reporting SDH Interventions and Tier 1 CBOs to the State • Existing Resources Available for CBOs
Speakers	<p>DOH</p> <ul style="list-style-type: none"> - Elizabeth Misa and Denard Cummings <p>External</p> <ul style="list-style-type: none"> - God's Love We Deliver 	<p>DOH</p> <ul style="list-style-type: none"> - Elizabeth Misa and Denard Cummings <p>External</p> <ul style="list-style-type: none"> - Green & Healthy Homes Initiative



Social Determinants of Health (SDH) VBP Roadmap Standards & Guidelines

Key Insights to Keep In Mind

- **Understand Community Needs**
- **Know Your Key Community Partners:**
 - Performing Providers Systems (PPS)
 - Managed Care Organizations (MCOs)
 - Large Provider Systems
 - CBOs
- **Understand the Local VBP Level 2 or 3 Arrangements**
 - TCGP, IPC, Maternity, HIV/AIDS, HARP, MLTC
- **Determine the SDH Intervention Needed**
 - e.g. Housing, Nutrition, Health-based Housing Design
- **Develop Your Value Proposition**

What Are Social Determinants of Health and Why Are They Important?

Social determinants of health are the structural **conditions** in which people are **born, grow, live, work and age**

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**

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. Language fulfilling this standard must be included in the MCO contract submission to count as an “on-menu” VBP arrangement.

Standard: Rewarding SDH Intervention(s)



“Since providers, (including CBOs) who successfully address SDH at both member and community levels will be incentivized by MCOs upfront to identify one (or multiple) social determinants and be financially rewarded for addressing them.” (VBP Roadmap, p. 42)

Description:

- Since CBOs will not see savings in the short term, they will be incentivized by MCOs upfront
- Payouts will be made by the VBP contractor based on the terms of each individual contract

Guideline: SDH Intervention Selection



The State is **open to feedback and communication** from stakeholders **about potential SDH interventions** for VBP



*“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/

Standard: SDH Funding Utilization



*“In order to ensure that funding advances are put toward addressing SDH, all recipients of this funding will need to **report on fund utilization to NYSDOH.**”*
(VBP Roadmap, p. 42)

Description:

The Social Determinant of Health Intervention Template will explain a measureable reason why the SDH was selected, report on fund utilization, and identify metrics that will be used to track its success.

Community Based Organizations (CBOs) VBP Roadmap Standards & Guidelines

Standard: Inclusion of Tier 1 CBOs



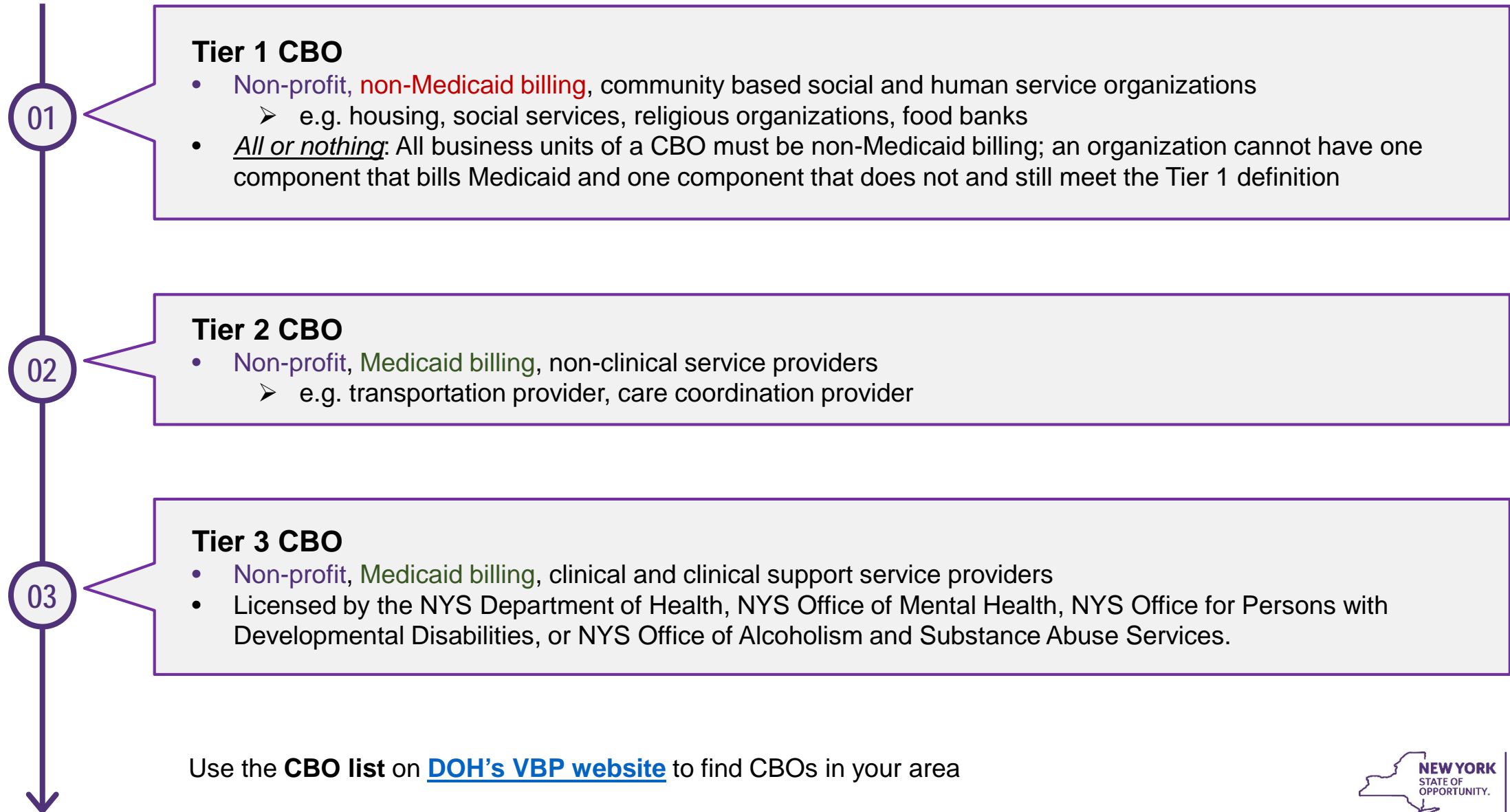
*“Though addressing SDH needs at a member and community level will have a significant impact on the success of VBP in New York State, it is also critical that community based organizations be supported and included in the transformation. It is therefore a **requirement** that **starting January 2018, all Level 2 and 3 VBP arrangements include a minimum of one Tier 1 CBO.**”*
(VBP Roadmap, p. 42)

Description:

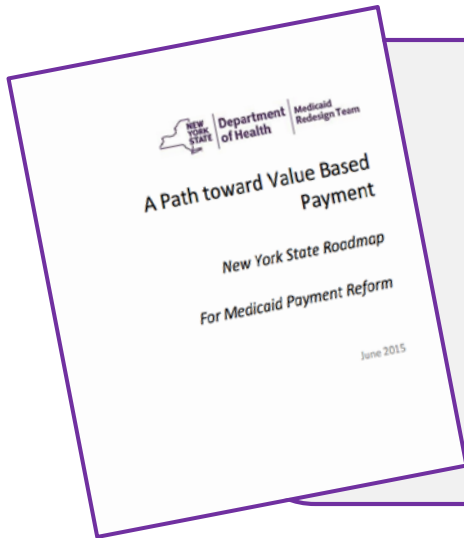
Starting January 2018, VBP contractors in a Level 2 or 3 arrangement **MUST contract with at least one Tier 1 CBO**. Language describing this standard must be included in the contract submission to count as an “on-menu” VBP arrangement.

This requirement **does not preclude VBP contractors from including Tier 2 and 3 CBOs in an arrangement to address one or more social determinants of health. In fact, VBP Contractors and Payers are encouraged to include Tier 2 and 3 CBOs in their arrangements.**

Tier 1, Tier 2, and Tier 3 CBO Definitions



Guideline: Role of Contracted CBO



*“Providers/provider networks and MCOs should partner with organizations that have objectives aligning with their own, the community needs, and member goals. The **CBO** should work with the providers/provider networks and **MCOs** to deliver interventions that support **SDH** and advance **DSRIP** goals.”*
(VBP Roadmap, p. 42)

Description:

CBOs are well-suited to support VBP initiatives because they have a **good understanding of community needs**, which helps inform the development of an SDH intervention that improves outcomes and generates savings.

Because of this, the **State recommends utilizing CBOs to deliver SDH Interventions**. This recommendation **applies to Tier 1, 2, and 3 CBOs**.

Examples of Social Determinants of Health Interventions & Strategies

The Social Determinants of Health

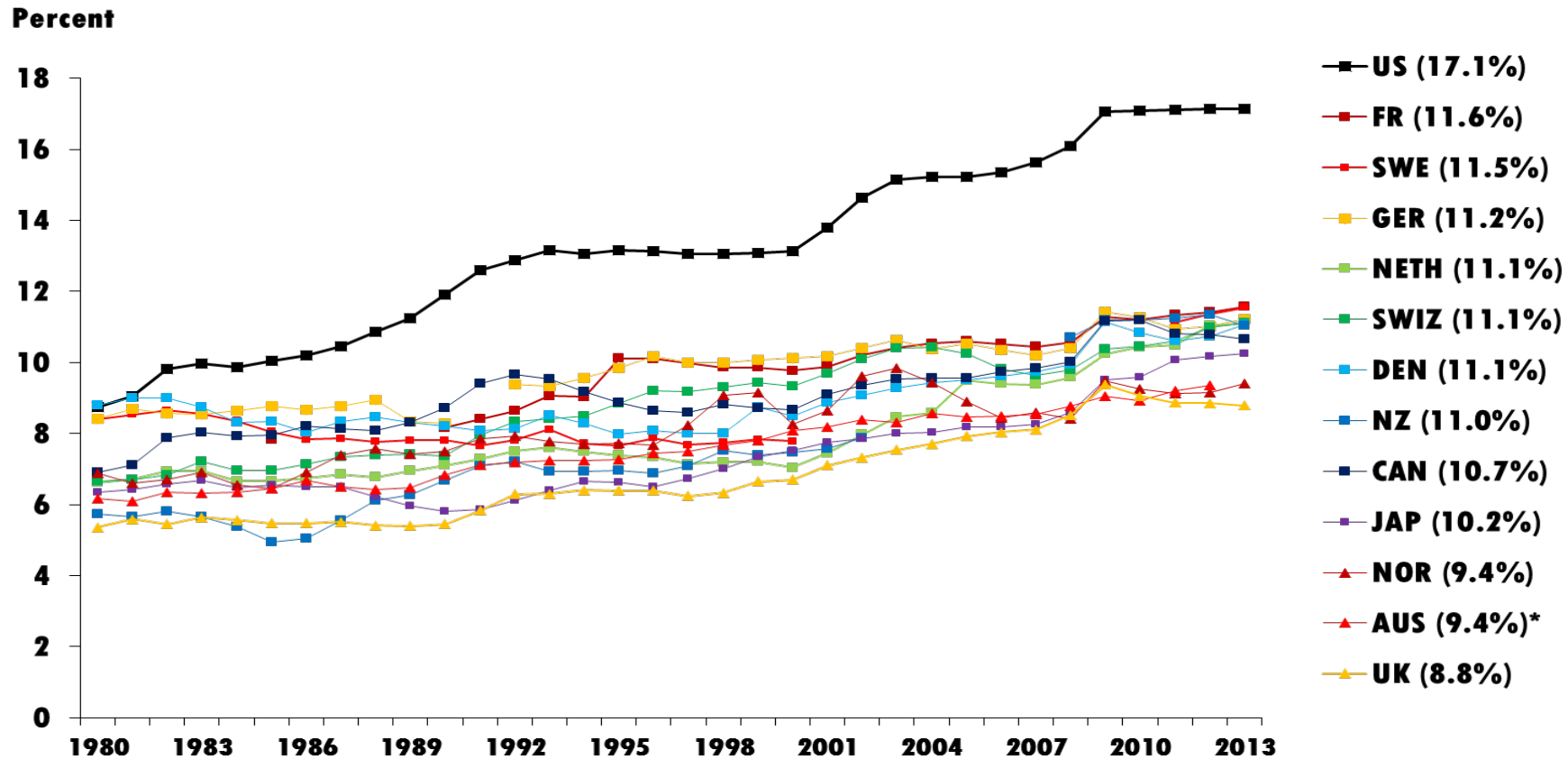
Social determinants of health are defined as the **conditions in which people are born, grow, live, work and age**. These circumstances are **shaped by the distribution of money, power and resources at global, national and local levels**.

Experts estimate that **medical care accounts for only 10% of overall health**, with social, environmental, and behavioral factors accounting for the rest. **Lack of upstream investment in social determinants of health probably contributes to exorbitant downstream spending on medical care in the US.**

– *The New England Journal of Medicine (NEJM)*

Health Care Spending in US & Other Countries

Health Care Spending as a Percentage of GDP, 1980–2013



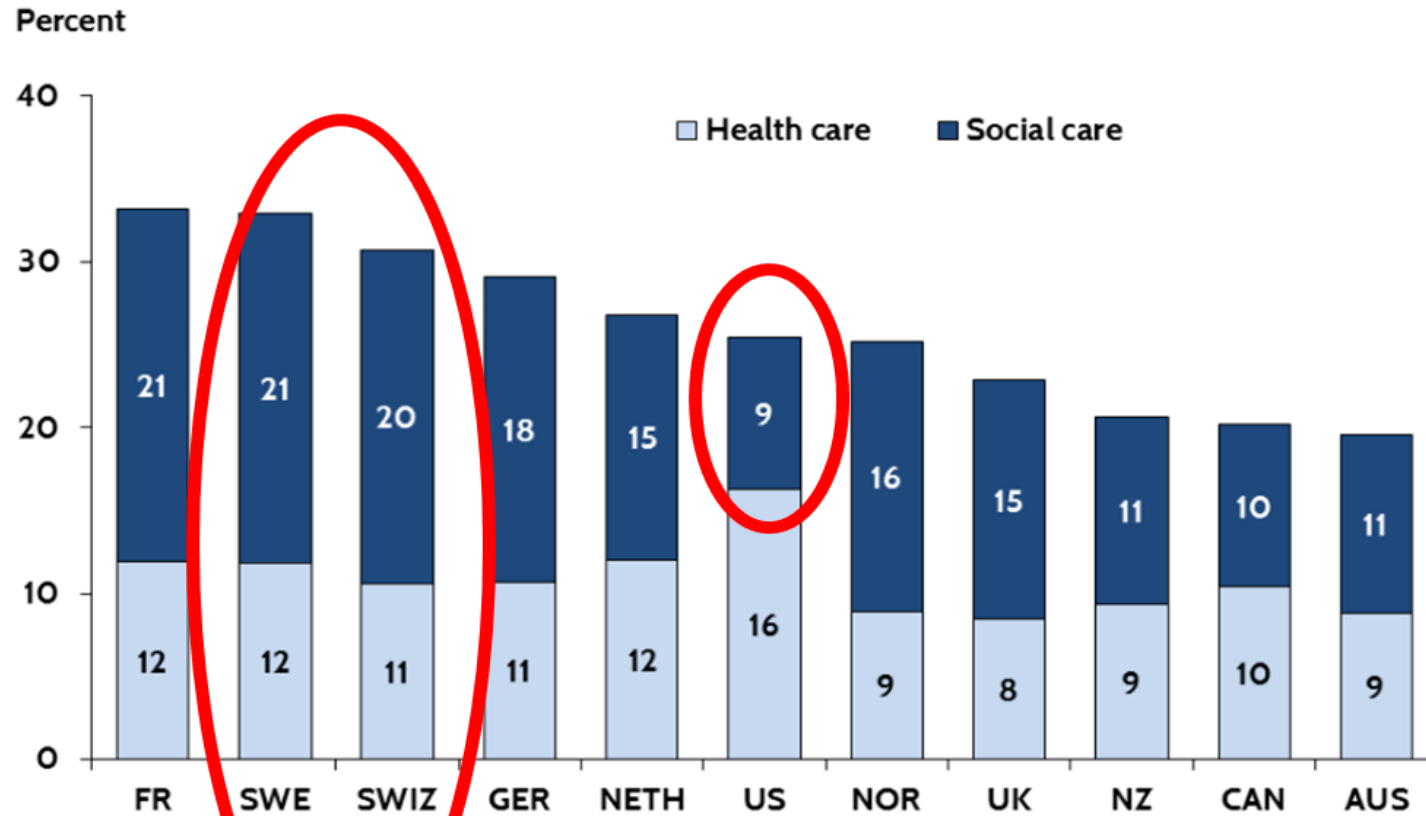
* 2012.

Notes: GDP refers to gross domestic product. Dutch and Swiss data are for current spending only, and exclude spending on capital formation of health care providers.

Source: OECD Health Data 2015.

Health Care and Social/SDH Spending

Health and Social Care Spending as a Percentage of GDP



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.

Health Care Quality, Health Care Spending, and Social/SDH Spending

COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*



	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: * Includes ties. ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011*; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2012* (Paris: OECD, Nov. 2013).



SDHs and Proven SDH Interventions

The **VBP SDH subcommittee** created the **Social Determinants of Health Intervention Menu** with **examples of evidence based interventions** that aim to **address certain SDH**. For each key area, the subcommittee identified specific SD and provided relevant evidence-based and promising interventions to address those key issues.

Best practice guidelines are available in the:

- [VBP Subcommittee Recommendation Report](#) (Appendix C), and
- [SDH Intervention Menu](#)

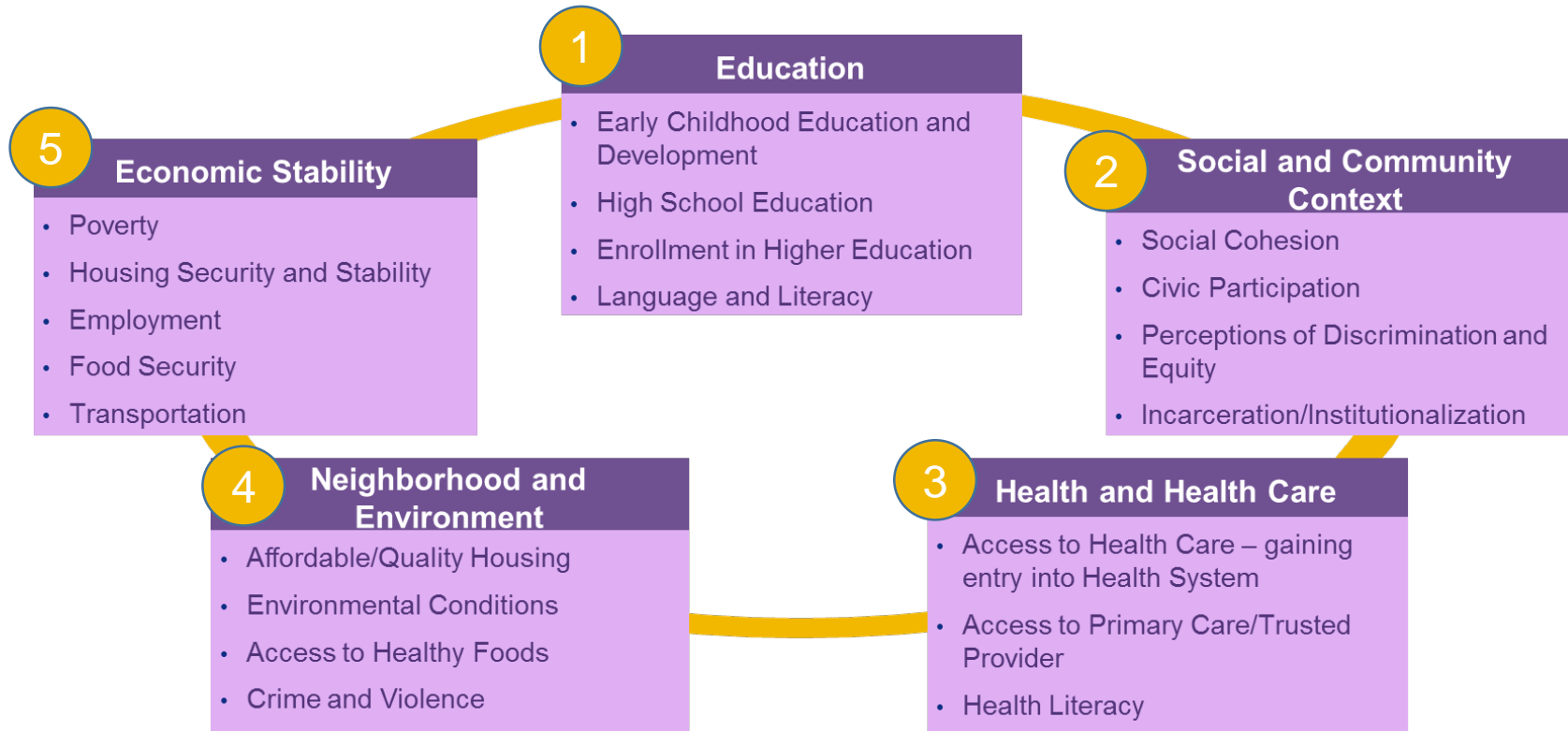
Both are available for download on the [NYS VBP Resource Library](#)

Additional Resources:

- [Health Impact in 5 Years Interventions from CDC](#)
- [Prevention Agenda: Evidence Based Interventions](#)

The 5 Domains of Social Determinants of Health

VBP Contractors must select a social determinant of health intervention that aligns with at least one of the 5 key areas of social determinants of health, as outlined in the SDH Intervention Menu and SDH Recommendation Report.



The **VBP SDH** subcommittee created a **Intervention Menu Tool and recommendations** to supply providers with evidence-based interventions that aim to improve SDH: [SDH Intervention Menu](#) and [Recommendations](#) (Appendix C)

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

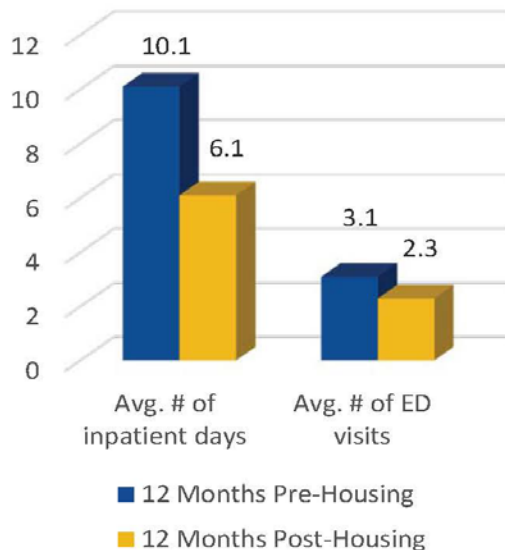
Accomplishments

- 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

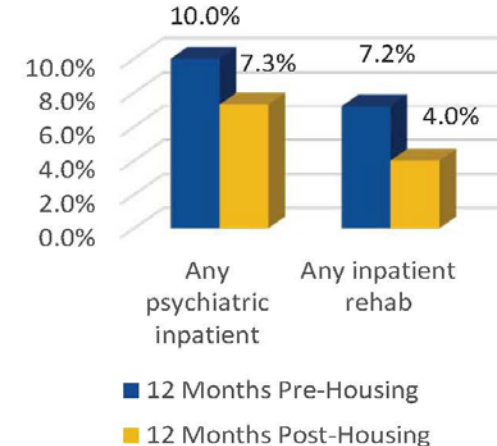
Benefits

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

Decreased Inpatient, ED Use



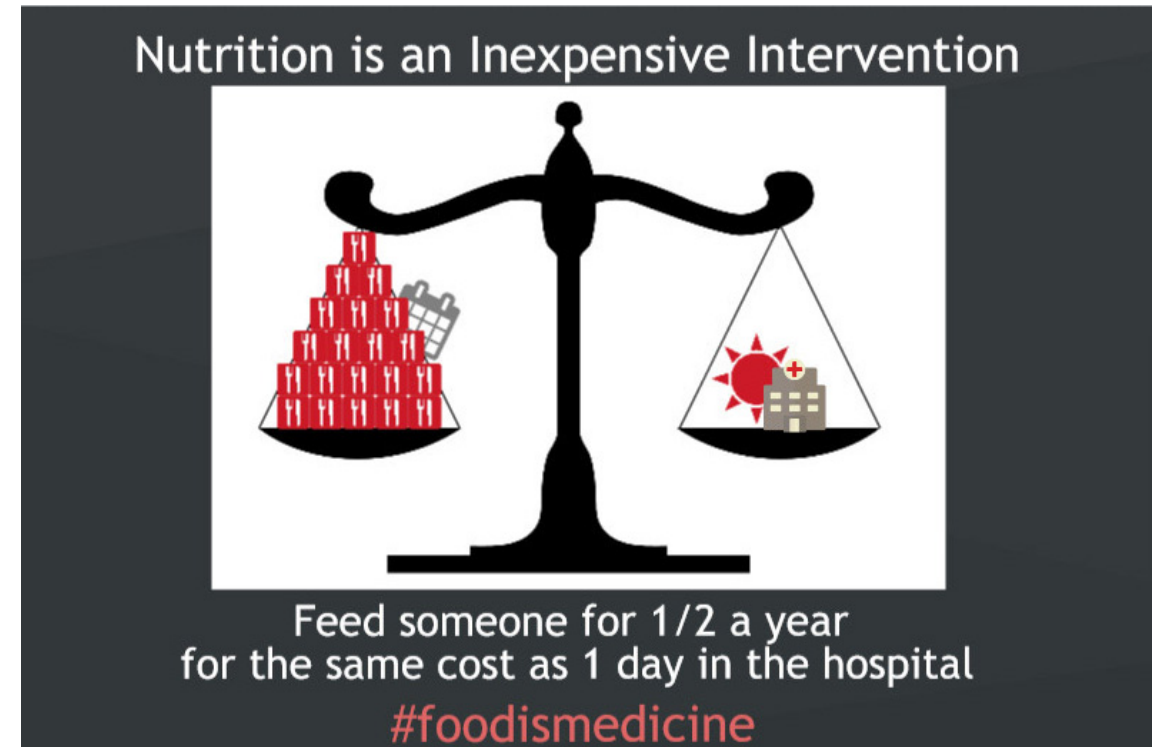
Decreased Percentage of Recipients with Behavioral Health Admissions



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)



Social Determinant of Health Intervention Strategies

SDH Intervention Strategies

Start Small then Scale Up

- Plans will likely want to **initially invest in low upfront costs** related to SDH interventions
- **Consider a phased approach**—pilot a **small population upfront**, and **realize early gains**
- In the future, **scale up to a larger population** with **larger potential gains** after being able to demonstrate to the Plan cost savings

SDH Intervention Strategies (Continued)

Consider Implementing Two VBP Requirements at Once

- A **Tier 1 CBO** may be **contracted to help implement an SDH Intervention**
- Doing this **would satisfy two VBP requirements** for Level 2 and 3 arrangements:
 1. **Implementing an SDH Intervention**
 2. **Including a Tier 1 CBO** as part of the VBP arrangement

SDH Intervention Strategies (Continued)

Harness Data to Target Specific Members

- Use **data to inform which members in a community may be best served by an SDH intervention**. Consider identifying and targeting a small cohort with the most need before graduating to other populations
- **Think about the data that your CBO already collects**, and how that data can be leveraged
- Consider using **utilization data to identify members that have high rates of hospitalizations and high cost**—targeting these members could result in savings. Work with Plan and/or Provider partners for access to or analysis of utilization data.

Thank you!

Contact Us:

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