



**Department
of Health**

Medicaid
Redesign Team

Social Determinants of Health and Community Based Organizations

Subcommittee Meeting #3

September 9, 2015

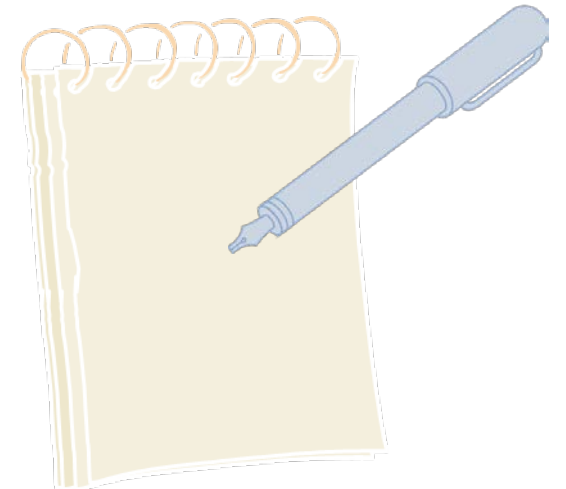
Reminder: Meeting Schedule and Logistics

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	NYC, TBD
Meeting 5 - CBO	11/17/2015	1:00pm-4:00pm	90 Church St. NYC
Meeting 6 - CBO	12/16/2015	1:00pm-4:00pm	Albany - HANYS

Agenda

Review of Workgroup Draft Recommendations

1. Guidelines and Standards for Providers and the State
2. Identifying Effective Interventions
3. Capture Savings Across Public Spending
4. Housing



1. Guidelines and Standards for Providers and the State:

Draft Recommendations

Roadmap Questions: *Guidelines and Standards for Providers/Provider Networks and the State*

There were two questions derived from the roadmap which the 'Guidelines Workgroup' was tasked to answer:

- What is the best way to incentivize providers to encourage development of SD initiatives and collaboration with MCOs?
- What is the best method to measure the success of the programs implemented?

Standard versus Guideline

Per option, the Subcommittee should recommend whether the State should set a ***Statewide Standard*** or a ***Guideline*** for the methodologies employed between MCOs and the providers. The State will consistently employ a standard in its own approaches regarding methodologies and data dissemination to both MCOs and providers. The Subcommittee should recommend whether MCOs and providers should adopt the same standard or are free to vary, using the State's methods more as a guideline.

- A **Standard** is required when it is crucial to the success of the NYS Medicaid Payment Reform Roadmap that all MCOs and Providers follow the same method.
- A **Guideline** is sufficient when it is useful for Providers and MCOs to have a starting point for the discussion, but MCOs and Providers may deviate without that harming the overall success of the Payment Reform Roadmap.

The Subcommittee should recommend whether MCOs and providers should adopt the same standard or are free to vary, using the State's methods more as a guideline

Guidelines and Standards

The draft recommendations on the following slides have been categorized by those which apply to:

- 1) Provider/Provider Networks
- 2) Provider/Provider Networks and MCOs
- 3) MCOs
- 4) the State

Guidelines and Standards for Providers/Provider Networks

Providers/Provider Networks should:

Draft Recommendation	Guideline or Standard?
Implement interventions on a minimum of one SDH.	Guideline/Standard*
Maintain a robust catalogue of resources in order to connect individuals to community resources that are expected to address SDH.	Guideline
Employ a workforce that reflects and is culturally sensitive to the community served.	Guideline

* Guideline versus standard requires further discussion

Guidelines and Standards for Providers/Provider Networks and MCOs

Providers/Provider Networks and MCOs should:

Draft Recommendation	Guideline or Standard?
Utilize an assessment tool, measure and report on social determinants that affect their individual patients, which include elements of each of the social determinants of health domains identified.	Standard
Invest in ameliorating an SDH at the community level.	Guideline/Standard*
Discretely track outcomes of the interventions and use a CQI model for enhancing the interventions.	Standard
Incorporate patient feedback on the services received.	Guideline

* Guideline versus standard requires further discussion

Guidelines and Standards for MCOs

MCOs should:

Draft Recommendation	Guideline or Standard?
Incentivize and reward providers for taking on patients' SDH.	Standard

Guidelines and Standards for the State

The State should:

Draft Recommendation	Guideline or Standard?
Set up a system that aims to track what interventions are successful and how they are measured.	Standard
Incorporate SDH into QARR quality measures.	Standard

2. Identifying Effective Interventions

Draft Recommendations

Roadmap Questions: *Identifying Effective Interventions*

The 'Identifying Effective Interventions Workgroup' had several questions derived from the roadmap that they were tasked to answer:

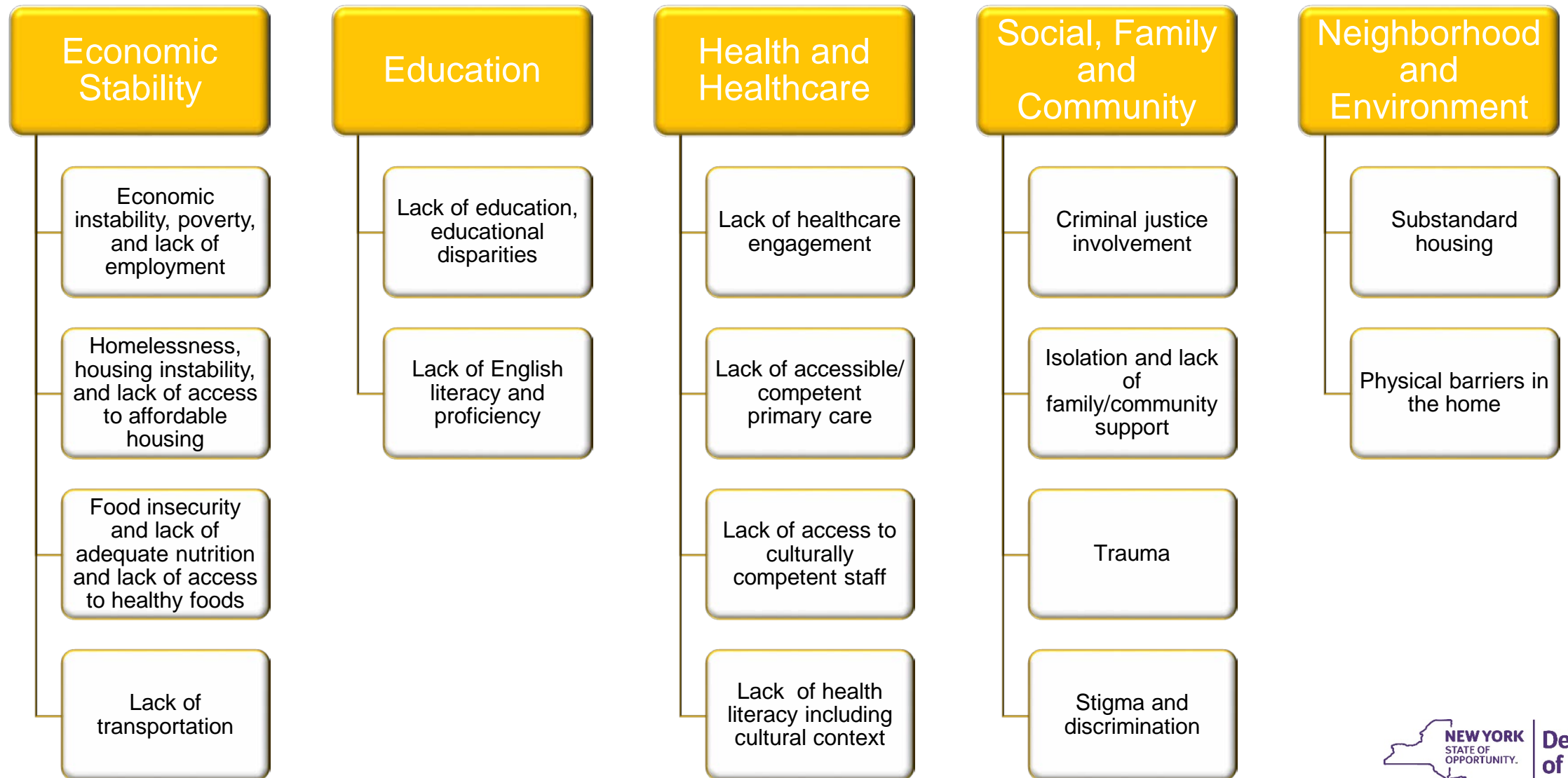
- What methods exist for measuring SDH categories?
- How do we prioritize which SDs to focus on first?
- What changes would improve outcomes and lower cost of care?
- What are the recommended outcomes for each SDH category?

Social Determinant Categories

The Subgroup identified and evaluated social determinants across the following five categories of SDH, which were agreed upon by the larger SDH & CBO Subcommittee.



Identifying Effective Interventions – SDH Categories Expanded



Identifying Effective Interventions: Menu and Narrative

A 'Menu' and corresponding 'Narrative' have been developed to complement several of the Subcommittee recommendations by providing options of interventions for provider systems to improve social determinants

- The **SDH Intervention Menu** includes between three to seven cost-effective, evidence-based or promising interventions for each identified SDH
 - It is **not an exhaustive**, but an **exemplary** list

Identifying Effective Interventions: Key Points

The corresponding narrative explains the purpose of the SDH Intervention Menu and includes the following key points:

- **No one SD can necessarily be prioritized over others**
 - Prioritizing which SD a VBP network should address will depend upon an assessment of individual Medicaid members, community needs, and resources
 - Flexibility to select which SDH to address is imperative so that provider systems can properly address their communities' needs
- **The impact of interventions should be tracked on both the individual and population level**
 - Even if imperfect, a tracking tool would allow for the development of a common understanding of the breadth of SDs and new evidence of their impact on health outcomes, and therefore lay the foundation for understanding the cost and effect of a variety of interventions

Identifying Effective Interventions: Key Points (cont'd)

- **Interventions should be measured and evaluated on an ongoing basis and be subject to a continuous quality improvement process**
- **Addressing SDH should come naturally to health care providers**
 - Traditionally, the interventions are seen as being beyond the scope of healthcare
 - The interventions are often much less costly than medical interventions that become necessary when chronic health conditions advance
- **The State should create a “living laboratory” for addressing the SDH**
 - Incentivize and require VBP networks to collect data on SD and to test, track, report, and share findings on interventions
 - Support the development of standardized tools to allow for state-wide sharing and analysis to create a knowledge library of best practices

3. Capturing Savings Across Public Spending

Draft Recommendations

Roadmap Questions: *Capturing Savings Across Public Spending*

From the Roadmap

“Addressing the social determinants of health is a critical element in successfully meeting the goals of DSRIP and health care reform more broadly. The State is fully committed to exploring ways to capture savings accrued in other areas of public spending when social determinants are addressed. For example, these might include e.g. reduced cost of incarceration and shelter care for homeless people.”

The ‘Capturing Savings Across Public Spending Workgroup’ had one question derived from the roadmap they were tasked to answer:

- What are methods which can be used to capture savings across public spending as related to SDH and CBOs?

Draft Recommendation: *Capturing Savings Across Public Spending*

In the context of value-based payment arrangements, three innovative methods have been identified as mechanisms to help capture savings across public spending:

1. Innovative Contracting
2. Co-investing
3. Social Impact Bonds

The following slides describe each of the methods. For specific examples, please refer to the corresponding document entitled “Capturing Savings Across Public Spending”.

Capturing Savings Across Public Spending Recommendations – Innovative Contracting

Utilize Innovative Contracting methods when the public sector is already funding the needed service with another organization

- Innovative Contracting is a term we use to describe situations in which a VBP network negotiates to provide a service that the public sector is already providing either at a cheaper cost or at the same cost but aligning that service to maximize health outcomes. Payment in this model might be cost-based reimbursement, in-put based or performance based

Capturing Savings Across Public Spending Recommendations – Co-investing

Create a co-investing model when there is another provider who is more capable of providing a service

- Co-investing is a model in which the VBP network identifies a provider of services that could better achieve its mission at the same time improving health outcomes if the VBP network invests with the provider to align and achieve the desired outcomes

Capturing Savings Across Public Spending Recommendations – Social Impact Bonds

Create social impact bonds as a method to fund programs which deliver or have the potential to deliver positive results

- Social impact bonds are an innovative financial tool that enables government agencies to pay for programs that deliver or have the potential to improve results, overcome barriers to innovation, and encourage investments in cost-saving preventive services. Generally, investors provide working capital to an intermediary who hires the entity to perform the intervention. A third party evaluator determines whether or not the performance objective has been achieved, and then the government pays the intermediary, who repays the investor with a return for the upfront risk

4. Housing

Draft Recommendations

Roadmap Questions: *Housing*

There were two questions derived from the roadmap which the 'Housing Workgroup' was tasked to answer:

- How do we address housing determinants and develop an action plan?
- From where can money be leveraged to invest in housing issues?

Housing Recommendations

Require Medicaid providers to collect standardized housing stability data

- Standard definitions for housing status
- Currently, there are different definitions used by HUD, McKinney-Vento federal programs, and NYC to assess homelessness, housing instability, including transitional housing and supportive housing, and risk of housing loss
- Adopting one of these, or creating a simpler classification scheme that everyone understands and uses is essential

Housing Recommendations

Leverage MRT Housing Work Group Money to Advance a VBP-Focused Action Plan

- NYS has dedicated a significant portion of state share Medicaid savings under the global cap to housing initiatives that will further reduce Medicaid expenditures.
- In the first two years after implementation of Medicaid redesign, NYS invested nearly \$200 million in these efforts
- In the last NYS budget, some \$250 million was allocated for this purpose over a two year period
- A significant portion of this money has provided capital for development of supportive housing
- Other funds have gone to a variety of demonstration projects.
- As NYS moves toward shifting 80-90% of Medicaid dollars to VBP, it will be imperative to align these housing dollars in ways that advances housing in the context of VBP

Housing Recommendations

Submit a NYS waiver application to CMS that tracks the June 26, 2015 CMCS Information Bulletin: Coverage of Housing-Related Activities and Services for Individuals with Disabilities

- The goal would be to maximize dollars to support and allow the broadest interpretation of allowable services.
- This could conceivably fund the following:
 - (1) Housing-related case management, tenant education and coaching;
 - (2) Housing transition services;
 - (3) Crisis/ respite services;
 - (4) Housing-related collaborations between VBP systems, state, and community housing programs to facilitate access to both existing and new housing resources

Housing Recommendations

Submit a NYS waiver application to that challenges the restrictions on rent in the context of VBP

- In the waiver application that NYS submitted as part of its Medicaid redesign, the State pressed CMS to expand the use of Medicaid dollars to include rent or capital for housing people with chronic conditions

Next Steps

From the Roadmap

“This subcommittee will be focused on identifying the how community based organizations can successfully support the broader VBP strategy. The State recognizes that these providers play a critical role in the desired health care delivery system, however CBOs are very diverse in their ability to fully take on VBP. The group will make recommendations to the State and draft an action plan designed to make available the technical assistance and training necessary to bring the CBOs up to speed.”

Questions for Discussion

What are the training and technical assistance needs for CBOs?

How do we identify CBOs who should be involved?

Other?

We would like input from the Subcommittee members on other possible CBO focus areas that are important to the success of VBP.

Please email Joshua McCabe @ joshuamccabe@kpmg.com with your ideas by October 16th.

Subcommittee Co-chairs

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