**Health Equity Alliance of Long Island**

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**VALUE BASED PAYMENTS**

* The DOH currently has a total of 191 Social Determinant of Health (SDH) interventions and CBO contracts.
  + 131 for mainstream managed care
  + 49 managed long-term care
  + 11 programs of all inclusive care for the elderly
* Food security is most pressing issue, which consist of 47 interventions.
  + Transportation only has 4 interventions, but Emily Engel said that number will go up as it becomes clear that access to transportation is a huge factor in the health and wellbeing of individuals.
* One lesson learned is you cannot only help someone with their food insecurity and expect everything to improve.
  + Must look at housing, transportation, education etc.
* On Long Island. There are 29 SDH contracts which consist of:
  + Engagement and asthma self-care management for pediatric asthma patients
  + Medically tailored meals
  + providing psychoeducation for individuals and families dealing with substance abuse.

**More Lessons Learned**

* Social needs are multi-layered and need multiple community partners to address needs
* Screening and standardized data is vital
  + It can be difficult to tract progress because each MCO and CBO’s typically use different software programs.
* Geography
  + It is important to tailor contracts to meet the specific needs of a region. ‘One size fits all approach won’t work too well’.

**Three SDH Pilots**

* Medical Respite
  + Low intensity care that provides temporary room and board.
    - Targeted to homeless individuals who don’t need intensive medical care but do need a place to rest while figuring out how to help the person long term.
* Medically Tailored Meals
  + Meals delivered to individuals with severe medical conditions.
    - They must be referred from a medical professional.
* Street Medicine
  + Enabled providers to provide minimally invasive treatments on the “street”.
    - Identifying individuals that are averse to care, building a relationship with them and treating them on the street for their needs. After a relationship is built, you can engage them in long term medical solutions including primary care and behavioral health.
* The goals of these pilot programs:
  + Remove barriers to allow for social care interventions
  + Encourage partnerships between community-based organizations, hospitals and Managed Care Organizations.
  + Target Medicaid members that are frequent utilizers of inpatient and the emergency department. It is very important to treat them early which can prevent more severe health outcomes.
  + Evaluate health outcomes and savings.

**Medically Tailored Meals**

* Meals are tailored by a registered dietitian and are delivered to individuals.
  + For example, if an individual goes to the hospital multiple times for their diabetes, instead of paying for another inevitable hospital visit, they will be provided medically tailored meals which can help prevent the next hospital visit.
  + It is an opportunity to pay for social services in lieu of hospital visits.

**1115 Concept Paper**

* [August 2021 Concept Paper Submission to CMS.](https://www.health.ny.gov/health_care/medicaid/redesign/2021/docs/2021-08_1115_waiver_concept_paper.pdf)
* $17 Billion over five years
  + Touched many heath equity points and is very ambitious, both in size and duration.
* 1115 Waiver Goals
  + Health Equity-Focused System Redesign: Build a more resilient, flexible and integrated delivery system to reduce racial disparities and promote health equity, which has five sub-components.
  + Developing supportive housing and alternatives to institutions for the long-term care and behavioral health populations
  + Redesign and strengthen health and behavioral health system capabilities to provide optimal responses to future pandemics and natural disasters
  + Creating statewide digital health and telehealth infrastructure

**HEROS**

* Creating governance board for multiple stakeholders to come together (MCO, CBO, SDH Network, Local Government).
  + More community up, instead of a large healthcare system which can use their monopoly, which ensures everyone has a seat at the table.
* SDH Network Funding
  + As stated above, this addresses all the SDH factors that can lead to bad health outcomes. Important to have multiple CBO’s from all areas to address the various social needs.
  + There is a lead entity that will be responsible to the administrative aspects (e.g., data, payment models)
    - Funding goes from DOH-> SDH Networks-> CBO’s.
* Health Equity- Focused System Redesign
  + Build Training Capacity: Expand the number of community health workers, care navigators and peer support workers to support regional collaboration under HEROs, SDHNs, and the move to advanced VBP models, as well as create and expand career pathways, apprenticeship programs, and cohort training programs.
    - Essentially puts money behind community health care workers for training and to build capacity.
  + Criminal Justice Involved Population
    - Will allow for Medicaid enrollment ahead of release from jail. It is very important to have a bridge between jail and community release.
    - Eligibility: Individuals incarcerated in county and state facilities with two or more chronic physical/behavioral health conditions, a serious mental illness, HIV or an opioid use disorder

**Questions:**

* From Dan McGovern:
  + When do we expect that CMS will respond to the Concept paper?
  + Answer: There was an initial meeting with CMS with another one scheduled (Emily didn’t have a date)
* From Lori Andrade
  + Regarding the HERO concept, how much authority will they have with the rollout and enforcing how the VBP are put together?
  + Answer: MCO’s will be part of the governance. When HERO says transportation and food security are big issues in a community, the MCO providers will have a say. They are not the top authority but more of a governance role.
* From Leon Marquis
  + Hospitals have built their own BH networks after DSRIP. How do we develop policies to help existing BH providers?
  + Answer: HERO’s will consist of all types of providers. HERO gives CBO’s more of an opportunity to participate.
* From Lori Andrade
  + In terms of VBP arraignments, who is ensuring that all the funds aren’t going solely to MCO’s?
  + Answer: Emily said that was a large problem in the past and it is important to have guidelines to create a standard payment model.
* From Kathy Rosenthal
  + Will there be a competitive (RFP) process for organizations or networks to become Lead Entities?
  + Answer: Yes, it will be a competitive RFP.
* From Martine Hackett
  + Are the HEROES based by county/region? Community needs differ by geography so how big/small will the organization be?
  + Answer: HEROS are regional and is tailored to the specific needs of a region.
* From Leon Marquis
  + How will this be sustained after the Waver period?
  + Answer: HERO is not a new entity but rather is a governance body. This will ensure consistent funding instead of VBP arrangements.
* From Kathy Rosenthal
  + In the constellation of CBOs there was a group called "Toxic Stress". What is meant by that?
  + Answer: Toxic stress is domestic violence, social isolation etc.
* From Lori Andrade
  + Will there be one SDH network per region?
  + Answer: Yes. One lesson learned from the past was that multiple SDH networks was not efficient because they use different data systems, leading to duplication of services.
* From Lori Andrade
  + - What recommendations do you have for HEALI and the Long Island region to prepare over the next year?
    - Answer: Because it’s a concept paper, our feedback on what the SDH networks should look like during the public comment period is vital to help shape how the DOH will draft the paper.