HEALI Meeting Notes

April 20, 2022

**Updates**

* The 1115 waiver has been released for public comments. The 30-day public comment period ends May 13th.
* Brett Friedman, the NYS Medicaid Director, has resigned from his position and has been replaced by Amir Bassiri.
* Emily Engle, Deputy Director for the Bureau of Social Determinants at the New York State Department of Health, will speak at the May 18th HEALI meeting to discuss the 1115 waiver.
* A survey will be sent to the coalition to assess organizations’ readiness for a CHW program and their past experience with CHWs.

**Sergio Matos**

* Sergio is the founder and Executive Director of the Community Health Network of NYC and the CEO of Health Innovations Associates.
  + Sergio has been a CHW for over 30 years and has helped develop CHW programming across the United States and the Eastern Caribbean States.
  + He has published numerous peer-reviewed articles on CHW and received the Champion of Public Health Award from The City University of New York.
* What are the benefits of a CHW?
  + CHW’s lower the cost of healthcare while increasing access.
    - A study focused on asthma patients' outcomes showed that CHW reduces the cost of healthcare by 97% per patient.
    - A large private company in Georgia saved $24 million in insurance costs over nine years by hiring two CHWs.
    - Another study on maternal health outcomes showed a 7x ROI when a CHW was used.
  + CHWs directly address the SDoH.
    - Many of the medical problems in America stem from social/economic factors.
  + CHW builds relationships and trust among its clients.
    - They can spend more time with a client/patient than a medical doctor.
* What traits do you look for when hiring a CHW?
  + Shared socio-economic status
  + History of serving their community.
  + Someone honest, respectful, caring, and non-judgmental.
  + Mature with strong emotional intelligence.
  + Academic achievement is not very important if the individual has many of the traits above.
    - By imposing academic restrictions for CHWs, many of the best candidates will automatically be dismissed.
* How do you successfully integrate CHWs into existing structures/systems?
  + Many MCOs are resistant to a CHW program.
    - Resistance from CBOs is minimal.
  + A barrier to integration is convincing healthcare providers that an interdisciplinary team of doctors and CHWs is the most effective and efficient way to provide care.
* How can organizations prepare to implement a CHW program?
  + Organizations must realize that CHWs successfully address the SDoH, regardless of the specific medical condition.
  + CBOs must develop a recruitment process for CHWs.

**1115 Waiver Overview: Bob Detor, HWCLI Board Member**

* The waiver aims to reduce the cost of healthcare.
  + The United States spends more per capita on healthcare than any nation and has worse outcomes than many first-world countries (France, Sweden, Norway, etc.)
* The objectives of the waiver cannot be achieved without CHWs.
  + The waiver seeks to transform the system by improving coordination between existing services
* The most recent waiver is similar to the one released in August except for:
  + The August request was $17 billion, and the April request was $13 billion.
  + The August waiver discussed redesigning and strengthening the health and behavioral health capabilities to provide an optimal response for future pandemics.
    - The April waiver amended this goal to “redesigning and strengthening system capabilities to improve quality, advance health equity, and address workforce shortages.”
* The waiver also seeks to create a statewide digital health and telehealth infrastructure.
  + The state discusses issuing a bid for a 5-year, $30 million contract to build the platform.
* The nine HEROs will identify needs, create a plan for the region, and create a structure to implement the plan.
  + How will each HERO be constructed?
    - This will affect funding for SDoH networks.
* The SDoH Network is responsible for “coordinating a regional *uniform referral system* and network with multiple CBOs, with partners such as health systems, community and specialty behavioral health providers, care managers, other health care providers, and local government agencies.”