

Advancing the Impact of CBOs to Better Engage in VBP

Volume to Value:
Creative Funding Opportunities in Payment Arrangements
March 20, 2019
Glens Falls, NY

Presenters:

- ▶ Marcus Harazin
NY Statewide Senior Action Council
Upstate CBO Consortium Capital District Regional Lead
- ▶ Emily Rogan Project Manager
Health Equity Alliance of Long Island
- ▶ Ann Battaglia
Healthy Community Alliance
Lead Agency, Upstate CBO Consortium Planning Grant
- ▶ Anne Marie Snell
St. Lawrence County Health Initiative, Inc.
Upstate CBO Consortium North Country Regional Lead

Goals of the Session:

- ▶ Learn how CBOs can use collective power to advance their impact in health system reform
 - ▶ Better understand the purpose behind the issuance of the NYS OHIP CBO Consortium Planning Grant
 - ▶ Learn more about the outcomes and progress of the Health Equity Alliance of Long Island
 - ▶ Learn more about the newly forming Upstate CBO Consortium under the Rest of State CBO Planning Grant
 - ▶ Find out how to get involved

Community Based Organizations (CBOs)

- ▶ Locally rooted
- ▶ Culturally competent
- ▶ Play a vital role in:
 - ▶ Advancing health equity;
 - ▶ Improving health outcomes; and
 - ▶ Achieving New York State's healthcare delivery system reform objectives.

CBO's play a critical role in addressing the social determinants of health for Medicaid beneficiaries and uninsured persons. New York State's health care reform strategy and Value Based Payment Roadmap requires providers to engage CBOs in service delivery.

NYSDOH has funded three CBO Consortia across NYS under the CBO Planning Grant

Intended to:

- ▶ Identify barriers to CBO participation with DSRIP
- ▶ Provide technical assistance, training, and support to meet CBO needs
- ▶ Encourage and facilitate CBO engagement in DSRIP activities
- ▶ Assist CBO Consortia in planning activities to identify business requirements for contracting with providers and formulate strategies for short-term capacity needs
- ▶ Better position CBOs for continuing engagement with PPSs in DSRIP projects, and consequently, value-based payment and contracting
- ▶ Bring CBOs together to prepare and strategically plan for their involvement in health planning and longer term engagement in system transformation
- ▶ Identify systems changes needed to increase CBO participation in Medicaid funded health care systems



Three CBO Consortia Awarded the Planning Grant

- ▶ NY City Arthur Ashe Institute
Communities Together for Health Equity
- ▶ Hudson Valley and Long Island
Health and Welfare Council of Long Island
Health Equity Alliance of Long Island
- ▶ Rest of State (ROS)
Healthy Community Alliance (48 counties)



CBO Engagement in VBP: An Opportunity to Meet Long Island's Needs

Emily Rogan
Project Manager, CBO Planning Grant



Long Island's regional nonprofit umbrella organization
for health and human service providers.

ESTABLISHED IN 1947

MISSION

HWCLI serves the interests of poor and vulnerable people on Long Island by convening, representing, and supporting the organizations that serve them; and through:

- Illuminating the issues that critically impact them
- Organizing community and regional responses to their needs
 - Advocacy, research, policy analysis
- Providing services, information and education

Poverty on Long Island

Nassau County: 83,540 people (6.1%)

Suffolk County: 113,464 people (7.6%)

Long Island: 197,004 people living in poverty

Buffalo: 80,687 people (31.2%)

Rochester: 68,239 people (32.8%)

Syracuse: 48,181 people (33.6%)

Big 3 Upstate Cities: 197,107 people living in poverty

Lack of Infrastructure to Address Suburban Poverty

- Two Counties
- 13 Towns
- Two Cities
- 96 incorporated villages
- 124 school districts
- **Hundreds** of specialized districts and authorities (i.e. fire, library, police, water, sewer, etc)

Why is this work critical?

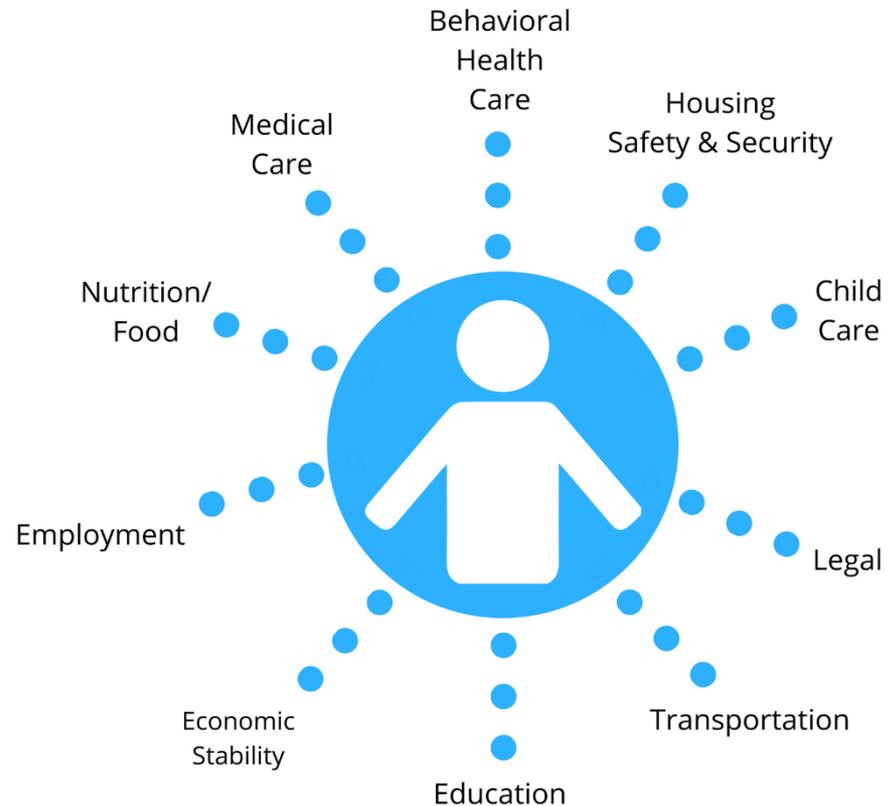
“Fully addressing social determinants of health requires a shift in power that enables marginalized communities to co-design their own healthcare solutions. Unfortunately, health insurers, while willing to alter payment models and entertain some changes in what they will pay for, have yet to grasp the more fundamental nature of the need for system change and community empowerment inherent in the idea that health, ultimately, is about much, much more than health care.”

American Journal of Managed Care, 2/15/18

Why a health equity focus?



Value Based Payment Arrangement



Client Focused Service Delivery Model

Why a Health Equity Alliance?

By creating a system where one does not exist, we can better help underserved communities have equitable access to health & human services. Together, we can address inequities to build and sustain healthier Long Island communities.

CBO Planning Grant

- \$2.5 million grant awarded by the NYS DOH that empowers CBOs to
 - Build awareness about their role in population health
 - Reinforce collaboration with other CBOs and with the healthcare delivery systems serving their communities
 - Develop capacity to leverage new funding opportunities that can deepen, expand, or create new opportunities to support the health of Long Islanders
 - Build an empowered alliance to break down silos and create a shared service delivery system

Steering Committee Members

Health & Welfare Council of Long Island

CARECEN-NY

Child Care Council of Nassau

Choice for All

LI Against Domestic Violence

LI Coalition for the Homeless



Central American Refugee Center
CARECEN-NY



HEALI Members

- 50 Tier 1 CBOs
 - 501(c)3
 - Non-Medicaid billing
 - Annual operating budgets \leq \$5 million
 - Experience providing community-based services that address SDH
- 33 Tier 3 CBOs



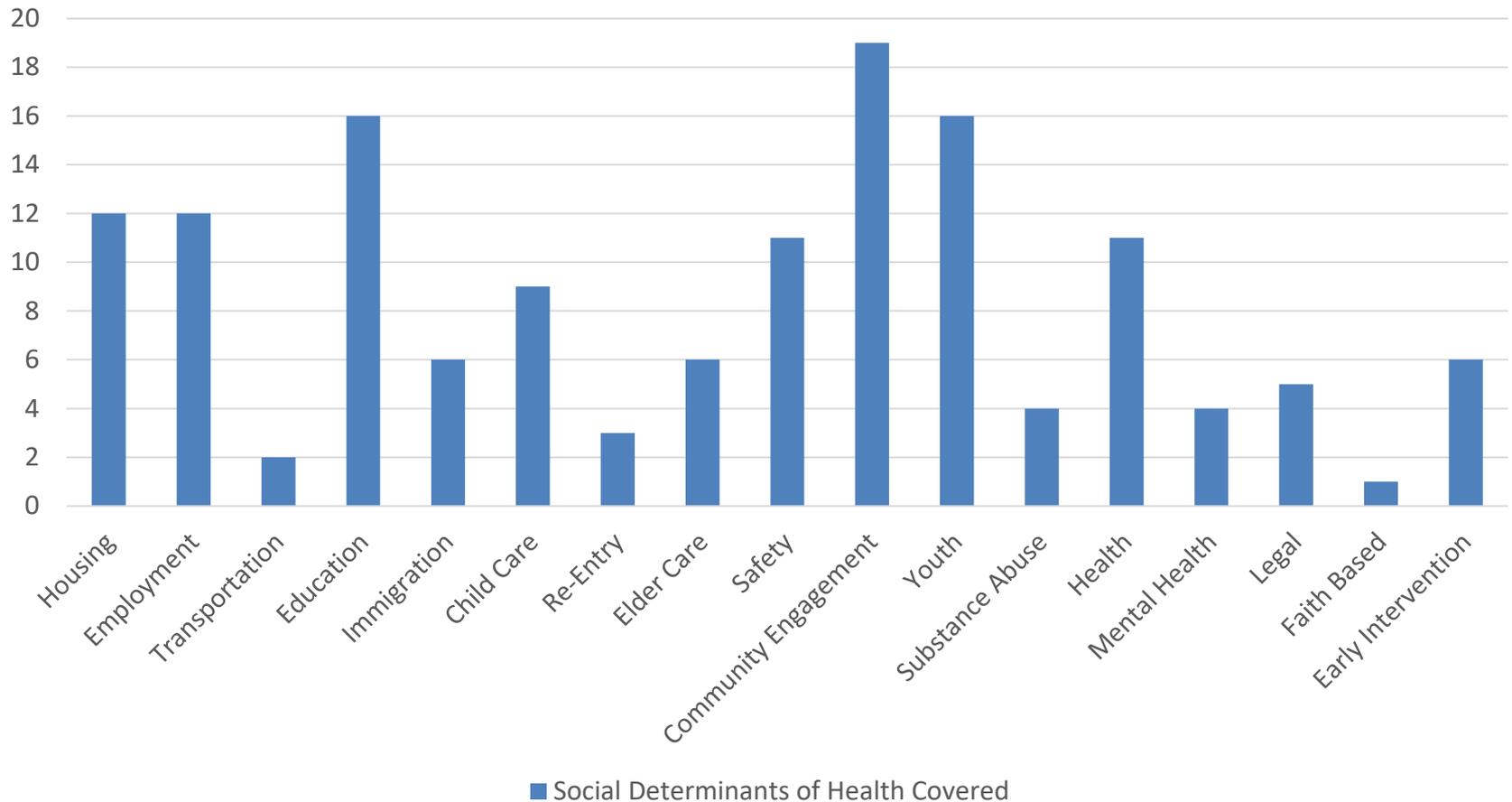
Geographic Diversity



HEALI serves clients from Elmont to Montauk

Wide Range of Service Areas

Social Determinants of Health Covered



Populations Served

- Hispanics
- Haitians
- Immigrants
- Undocumented
- Youth/At-risk youth
- Children
- Families
- Child Care Providers
- Underemployed
- Low-income citizens
- Senior Citizens
- Homeless/Formerly homeless
- Active and illicit drug users
- LGBTQ
- People with Disabilities
- People with chronic illness
- People living with HIV/AIDS
- Formally incarcerated individuals
- Survivors of domestic violence, sex workers, women impacted by trauma

Mission

The mission of the Health Equity Alliance of Long Island (HEALI) is to engage health and human service agencies, community members and other stakeholders to ensure equitable health and life outcomes for all Long Islanders through cross-sector partnerships, innovative funding strategies and improvements in the health & human service delivery system. We will use our collective power to influence public policy and investment decisions by funders.

Vision

HEALI's vision is to build and provide an integrated, holistic, culturally and linguistically responsive health and human service delivery system that results in equitable health and life outcomes for all Long Islanders.

Goals

- Develop an IT infrastructure that allows for multi-directional data sharing among agencies, while respecting clients' rights and protecting their privacy.
- Improve connectivity between agencies as they screen clients and track referrals within the sector.
- Engage community members, being inclusive and using a culturally and linguistically competent lens.
- Use our collective power and unified voice to advocate for services and investments needed for Long Island's diverse communities.
- Develop strategies that simultaneously prepare CBOs for change, convey value and highlight our leadership and expertise to collectively impact a transforming healthcare system.

Workgroup Goals

Data/Technology

Identify or build a digital platform that offers multi-faceted features to share, aggregate and report data, track clients and referrals both within sector and with partners & funders.

HOW:

- Assess technology needs for members and sector-how do we utilize the data we already have and determine what else we need to show our collective value?
- Connect with teams doing comparable work to see what they use re: data/technology that we can replicate

Workgroup Goals Cont'd

Community Engagement

Identify sector-wide service delivery models (i.e. community health worker, Pathways Hub model) that meet the needs of Long Island communities.

HOW:

- Create a mechanism (survey? forums? focus groups?) to ensure that whatever plan we write and model we build reflects the needs of communities and individuals.
- Recruit community leaders/influencers to join our Alliance to bring the community voice to the table.

Workgroup Goals Cont'd

Policy/Advocacy

Inform and influence decision makers including NYS, managed care organizations and health systems on including health equity measures in policy making and to invest in CBO sector infrastructure.

HOW:

- Use our collective voice to push policymakers to see through a health equity lens for future legislation.
- Tell stories & provide data that accurately depicts suburban poverty, isolation and other barriers on Long Island.

Workgroup Highlights



- Data/Technology: Helped interview and select data consultant-Intrepid Ascent
- Policy/Advocacy: Identified key areas to inform NYSDOH at Public Comment Day, November 2019
- Community Engagement: Considering care coordination models such as Community Health Worker that would support Long Islanders best



Featured Guest Speakers

- Sinsi Hernandez, Families USA
- Elisabeth Benjamin, CSS
- Laura Gustin, United Way of Greater Rochester
- Ngozi Moses, Brooklyn Perinatal Network
- Kimberly Birdsall, Health Coalition of Passaic County



Data Deep Dive

- Assess current technology capacity within our membership of community-based organizations.
- Determine what data our members already collect, how they do it and how that information is shared.
- Examine how referrals and clients are presently tracked and identify gaps in existing systems. To that end, make sure that as a sector, this tracking will result in payment to non-profit agencies for their services.
- Identify if our members would be able to access and use an integrated platform for sharing data and tracking referrals, based on their individual technological resources and capacity.

Communities Need Investments to Thrive

- In Toledo, Ohio, a partnership between Local Initiatives Support Corporation (LISC) and ProMedica, an Ohio health system, led to an investment of \$45 million in underinvested neighborhoods, promoting economic development and targeting the region's unemployment challenges.
- In Utah, Intermountain Healthcare has committed \$12 million upfront investment in The Utah Alliance for the Determinants of Health, focusing on two counties with the intent to replicate the model throughout the state.
- In Denver, Colorado, UnitedHealthcare is investing millions of dollars in affordable housing, including \$14.7 million in a Denver non-profit that provides education, training and support for children and adults with developmental & intellectual disabilities.
- In Michigan, person-centered, multi-sector collaborations with an equity lens are driving most of the Medicaid reform initiatives.

There's a BIG Disconnect

- Rather than investing in MORE community services, we see managed care organizations here pulling services out of community
- The VBP Roadmap and expectations for CBOs post-DSRIP leave out CBO input
- Our experience indicates that there's a gap between what healthcare systems, MCOs and CBOs are doing in terms of care coordination for people.

A Reimagined Long Island

- Our network of non-profits is uniquely positioned to address the gap in care coordination between health systems, MCOs and community organizations
- No one knows communities better than us; we can help make the connections for clients, reduce dropped referrals and improve outcomes
- A “one-stop-shopping” of ALL SDH to reduce disparities & address inequities across our region

Consider This



Questions?

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Healthy Community Alliance Upstate CBO Consortium

Ann Battaglia, CEO



Healthy Community Alliance

- ▶ Rural Health Network funded through the NYS Office for Rural Health since 1996
- ▶ Our mission to improve the quality of life of rural communities through broad-based inclusive partnerships that support wellness and prevention
- ▶ Social determinant of health services include: health insurance enrollment assistance, access and engagement into primary care, community health work care coordination, SNAP outreach and enrollment, affordable senior housing, evidence-based chronic disease management and prevention programs
- ▶ Offering leadership and expertise in community engagement and capacity building to address rural community needs

Healthy Community Alliance Upstate CBO Consortium Leadership

Lead Agency - Healthy Community Alliance

- ▶ **Ann Battaglia, CEO**
Healthy Community Alliance,
ROS CBO Consortium Lead Agency
- ▶ **Tony Sanfilippo, CBO Project Manager**
Healthy Community Alliance

Lead Consultant - Coordinated Care Services, Inc. (CCSI)

- ▶ **John Lee**
- ▶ **Gwen Olton**

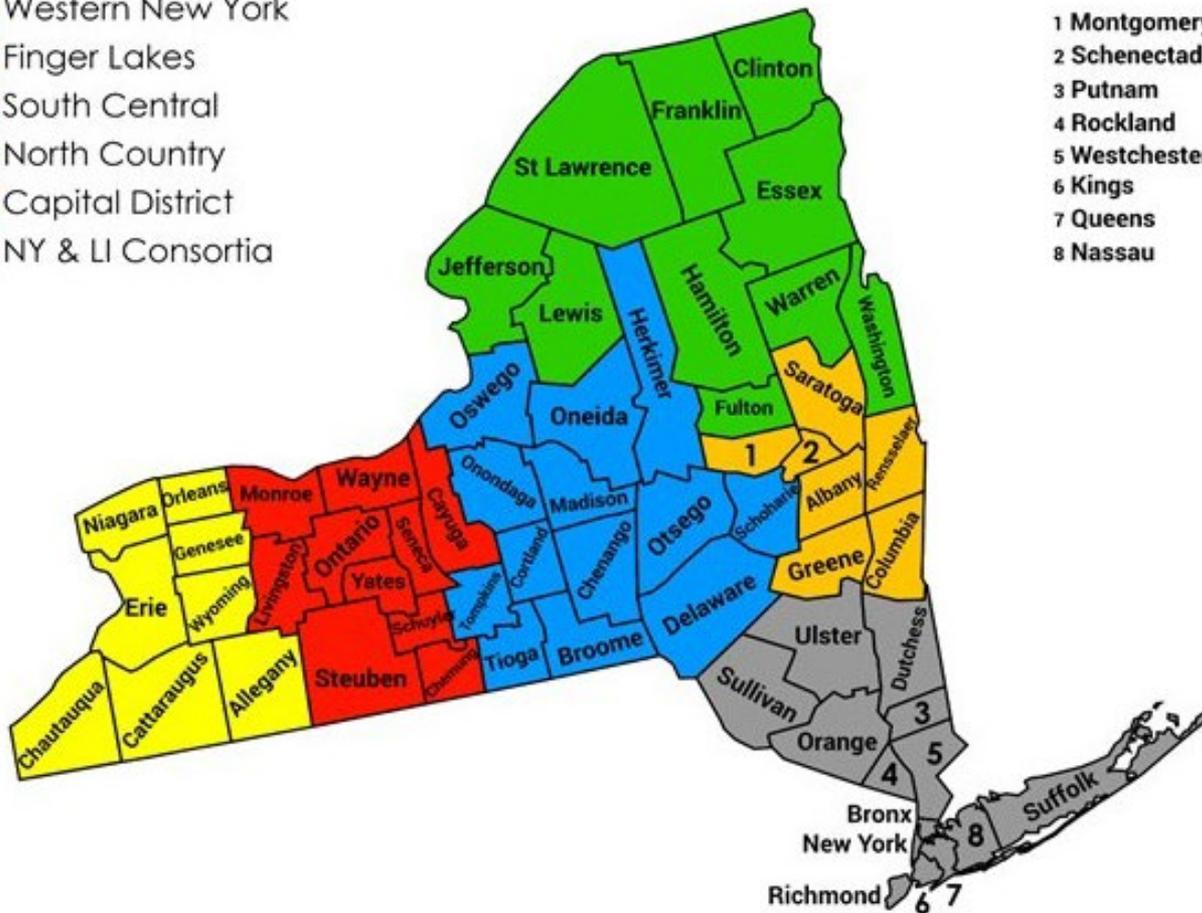
Evaluator - Common Ground Health

- ▶ **Albert Blankley**
- ▶ **Nadine Hylton**

Geographic Map of Upstate Consortium Regions

- Western New York
- Finger Lakes
- South Central
- North Country
- Capital District
- NY & LI Consortia

- 1 Montgomery
- 2 Schenectady
- 3 Putnam
- 4 Rockland
- 5 Westchester
- 6 Kings
- 7 Queens
- 8 Nassau



Grant Period - One Year
12/1/18 - 11/30/19

Planning Grant Aims

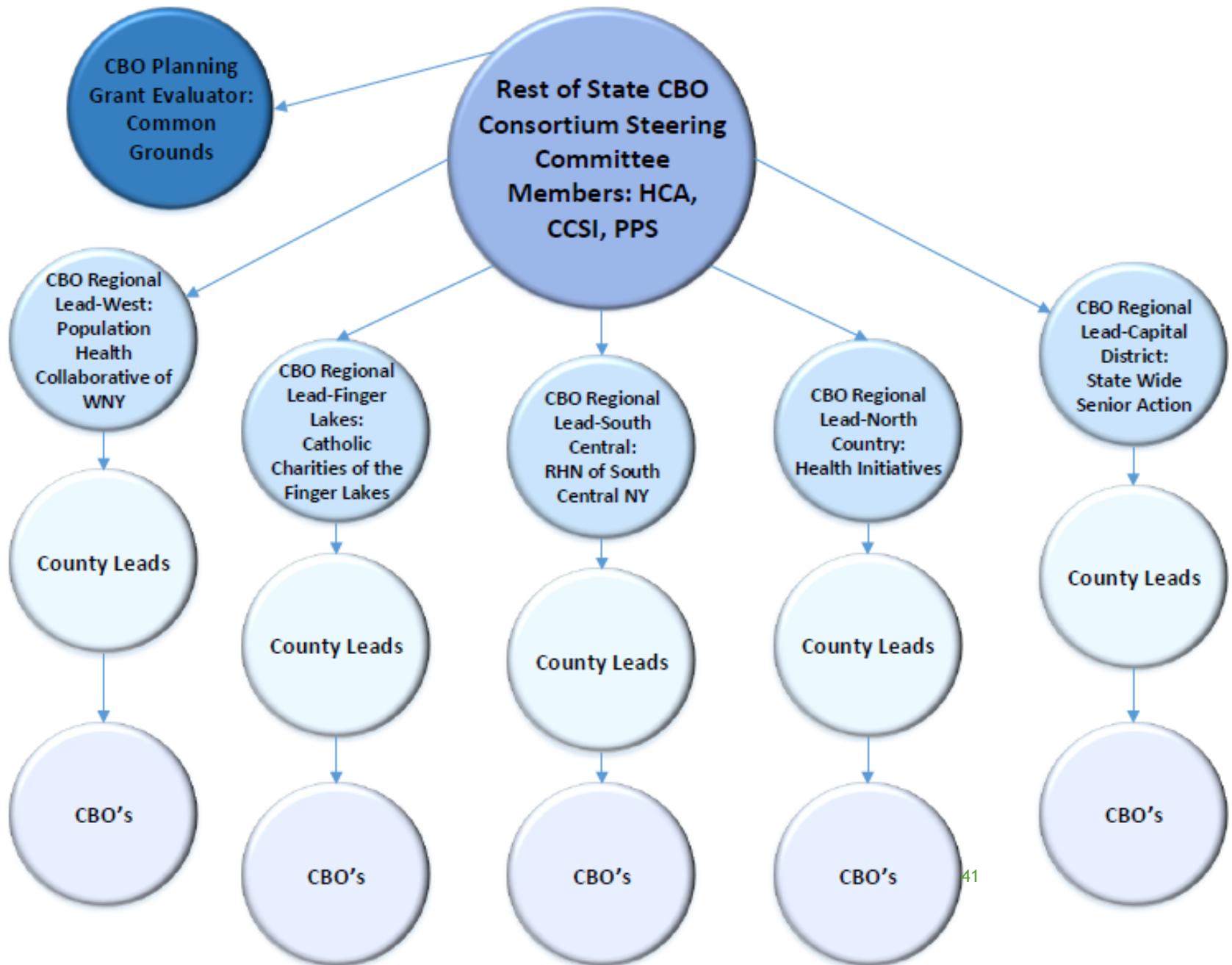
- ▶ Identify and engage CBOs in an Upstate CBO Consortium;
- ▶ Improve engaged CBOs ability to analyze business requirements, and successfully formulate a business strategy and proposition to engage in DSRIP objectives;
- ▶ Position the Consortium to pursue resources for a financially sustainable infrastructure to meet ongoing and longer term engagement in system transformation.

Rest of State CBO Consortium Structure

- ▶ Grant Steering Committee
- ▶ Project Management Committee
- ▶ 5 Upstate Regional Leads
- ▶ 106 county co-lead positions (43 counties with 2 leads each and 5 urban counties with 4 leads each)
- ▶ Diverse Tier I CBO Consortium membership
- ▶ Tier II/Tier III CBO Affiliate membership

Regional Leads:

Western:	Population Health Collaborative
Finger Lakes:	Catholic Charities of the Finger Lakes
South Central NY:	Rural Health Network of South Central NY
Capital Region:	NY Statewide Senior Action Council, Inc.
North Country:	St Lawrence Co. Health Initiative, Inc.



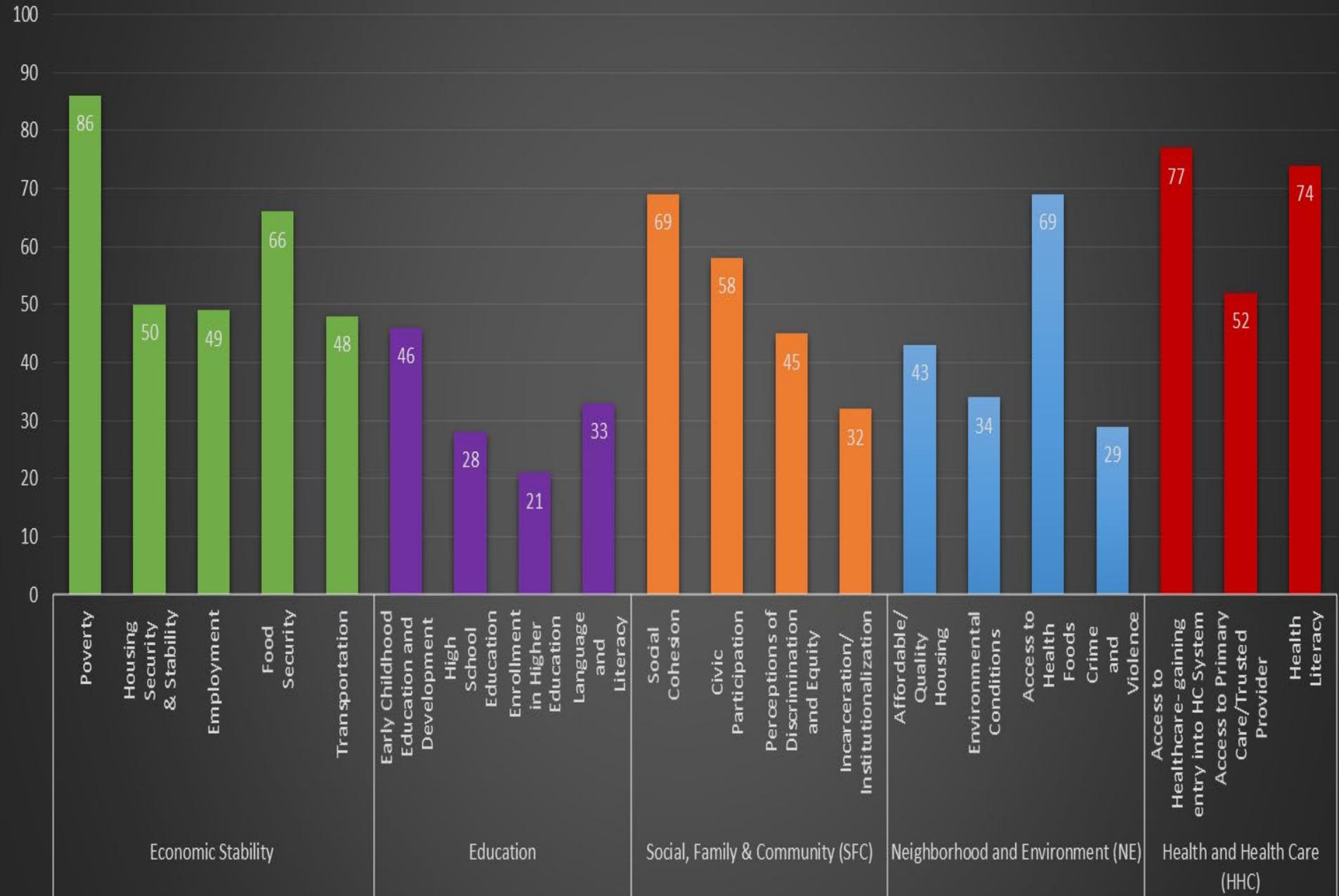
Aim 1) Identify and Engage CBOs

- ▶ Regional and county co leads are working to engage a diverse membership of CBOs
- ▶ Criteria for CBO participation:
 - ▶ Non profit 501c3
 - ▶ Budget of < \$5M
 - ▶ Non-Medicaid Billing - VBP Tier 1 CBO
 - ▶ Addressing Social Determinants of Health (SDOH) for a minimum of 2 years
- ▶ Consortium Membership Goal is 500 CBOs
- ▶ Tier II and Tier III CBOs are joining as affiliate members
- ▶ 140 CBOs and growing!

Engaged CBO Map Rest of State



Full Consortium Organizations Addressing Each SDOH



Aim 2) Improve engaged CBOs ability to successfully formulate a business strategy and proposition to engage in DSRIP objectives

- ▶ Collecting feedback from the CBOs, as well as the PPSs, on
 - ▶ CBO understanding of PPSs, DSRIP and VBP
 - ▶ Level of interest in CBOs engaging in DSRIP and VBP
 - ▶ CBO capacity building needs
 - ▶ Existing CBO engagement strategies by PPSs or others
- ▶ Assessment Modalities:
 - ▶ Consortium Survey for feedback/needs
 - ▶ Outreach to PPSs to learn of existing CBO engagement efforts
 - ▶ Regional Thought Leader Forums
 - ▶ One on one interviews

Aim 2) Cont. Improve engaged CBOs ability to successfully formulate a business strategy and proposition to engage in DSRIP objectives

- ▶ Develop and define goals and objectives for each interested and engaged CBO
- ▶ Build the infrastructure and learning transfer practices to support distributed learning for the CBOs across the 48 county region
- ▶ Develop and implement process for evaluating impact of the technical support and training provided to CBOs

Preliminary Feedback from CBOs on training needs

- ▶ Alphabet Soup: DSRIP, PPS, BHCC, VBP, SDOH, RHIOs, FTPs, EMRs/EHRs
- ▶ DSRIP 101
- ▶ CBO Opportunities under the VBP roadmap
- ▶ Developing value proposition and performance measures, analyzing service delivery costs, communicating value on how CBO services impact health outcomes
- ▶ Legal; contracting; negotiating
- ▶ IT; data collection; reporting
- ▶ Strategic partnering and alignment
- ▶ Mining DSRIP Medicaid data to identify hotspots and individual community needs



Engaged Tier I CBOs are eligible for Incentive Payments for Leadership and Participation

Honoraria are paid out:

- ▶ Regional Leads for participation in steering committee meetings, strategic planning and coordination of regional
- ▶ County co leads for CBO Consortium Recruitment
- ▶ CBOs for participation in technical assistance webinars and additional training topics as determined through needs assessment
- ▶ CBOs for participation in individual and small group consultation
- ▶ CBOs for participation in learning collaboratives

10 Performing Provider Systems (PPSs) - Rest of State

- ▶ Adirondack Health Institute, Inc. (9 counties)
- ▶ Alliance for Better Health Care, LLC (4 counties)
- ▶ Better Health for Northeast New York, Inc. (5 counties)
- ▶ Care Compass Network (9 counties)
- ▶ Central NY Care Collaborative (6 counties)
- ▶ Community Partners of Western NY (3 counties - Erie, Niagara, Chautauqua)
- ▶ Finger Lakes Performing Provider System (13 counties)
- ▶ Leatherstocking Health Partners (5 counties)
- ▶ Millennium Collaborative Care (8 counties- WNY)
- ▶ North Country Initiative (3 counties)

Aim 3) Position the Consortium to explore a financially sustainable infrastructure to meet ongoing and longer term engagement in system transformation.

- ▶ Develop a strategic plan for longer term CBO engagement
- ▶ Identify workable models for CBO contracting functions (billing, payment, data collection, reporting, etc.)
- ▶ Continue the coordination of CBOs as a collective to address SDOH that contribute to improved health outcomes, dollars saved and the achievement of DSRIP goals
- ▶ Serve as a strong voice for the critical role CBOs play in health equity and health outcomes
- ▶ Promote the Consortium to be an active partner in the co-design of NYS healthcare delivery system
- ▶ Advocate to establish equitable and sustainable funding streams for statewide consortia

Moving Forward:

- ▶ The Consortium is an established network of CBOs prepared to engage with the healthcare delivery system.
- ▶ The CBO Consortium across the Capital Region and the North Country is comprised of 47 locally-rooted, diverse CBOs already working to fill the divide between clinical systems and the community needs.
- ▶ The Consortium is eager to engage in conversations about how CBOs can be active partners in achieving DSRIP goals by reaching marginalized communities.
- ▶ The statewide Consortia is encouraging PPSs and MRT leadership at all levels to systemically engage CBOs in decision making and system design.

Interested CBOs can contact their regional leads



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Questions?

**INVESTING IN CBOs =
COMMUNITY WELLNESS**