



Welcome
Syracuse | NY

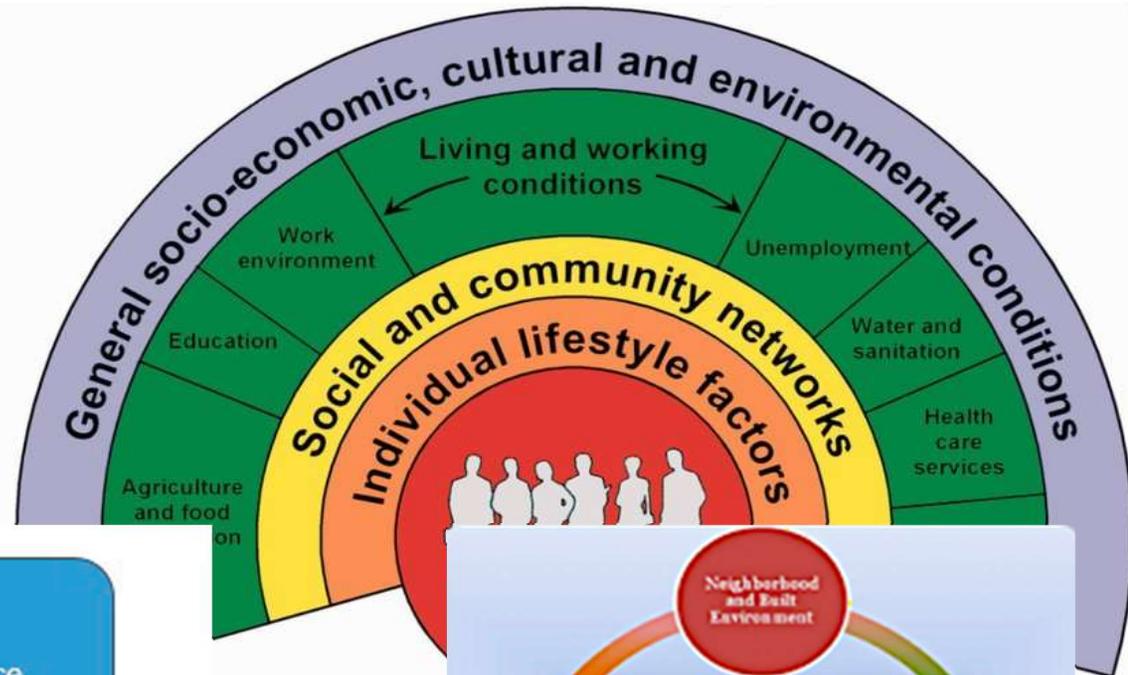
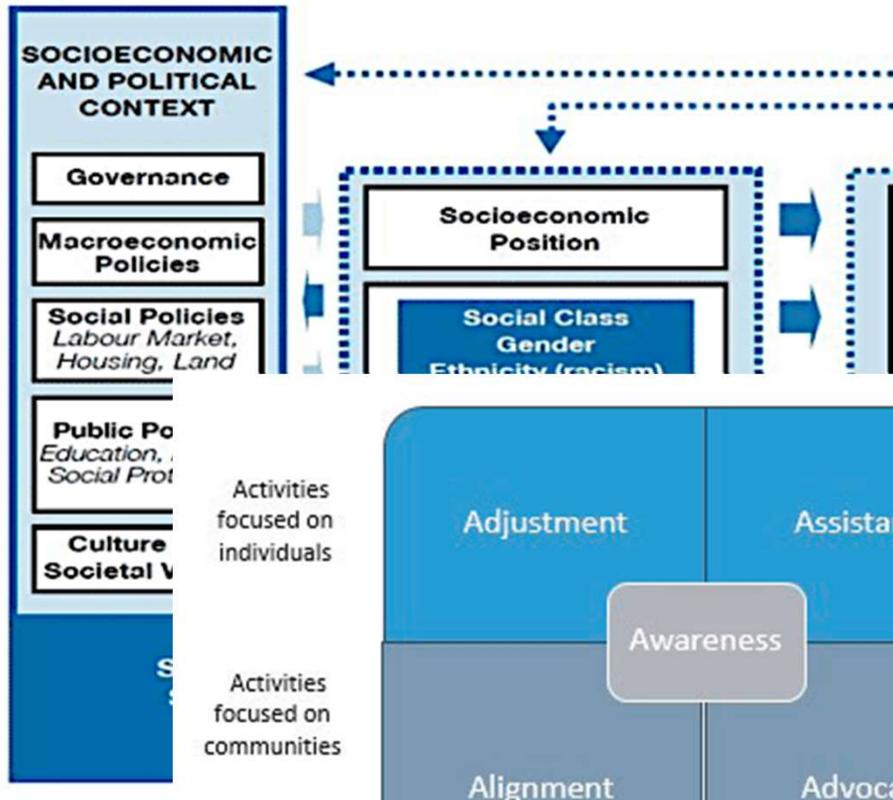


Addressing the Social Determinants of Health in a Value- Based World

Syracuse | NY



Frameworks for SDOH



Whitehead, 1991

Health System

DETERMINANTS OF HEALTH



Let's Start with Context

What This Means for You

- Healthcare still holds most of the cards
- If you're not getting ready, get started now

- The road to VBP is long
- The road to VBP is not for everyone
- The road to VBP starts with deep introspection; it does not start with healthcare, it starts with you

Key Question 1:

***What problem are you
trying to solve?
How do you propose solving
it?***

Translating Care Models Across Sectors

- Question Zero: What problem are you trying to solve?
- Craft a single sentence that summarizes what problem you are trying to solve and how you approach the issue at hand.



Key Question 2:
***Who is your target
population?***

Key Question 3:

***How do you measure your
impact?***

Partnering with Healthcare

Next Steps of Engagement

- Understand what your healthcare partner is looking for (savings, reduce churn, reduced hospital stays, more members, etc.)
- Build your value proposition
- Prepare and connect with healthcare
- Enter into contract
- Now...you are just beginning your work!





Morning Break

Please share your experiences
on social media!

#vbpforward

@vbpforward



Value Propositions for Community Based Organizations

Syracuse | NY



Heidi A. Milch, LMSW
Executive Director



What we do

We support health and human service agencies to seamlessly integrate measurement, evaluation and quality improvement strategies into their organizations to develop programs and services that result in positive outcomes for their clients and the community

The CCNY Value

We help organizations evolve to serve the needs of the community without having to “scale up” infrastructure and increase stress on the organization...working with CCNY allows health and human service organizations to focus on what they do best...enhance the quality of life for their community members through high quality services

OUR SERVICES



EVALUATION

A systematic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of programs and to contribute to continuous program improvement.



ANALYTICS

The discovery and communication of meaningful patterns in your data to inform improvement and development.



QUALITY IMPROVEMENT

A systematic, formal approach to the analysis of practice performance and efforts to improve performance.



TRAINING

Our trainings are designed to meet the learning style, needs and preferences of our individual clients. Topics include but are not limited to data management and analytics, quality improvement tools and strategies, and various clinical topics related to service delivery.



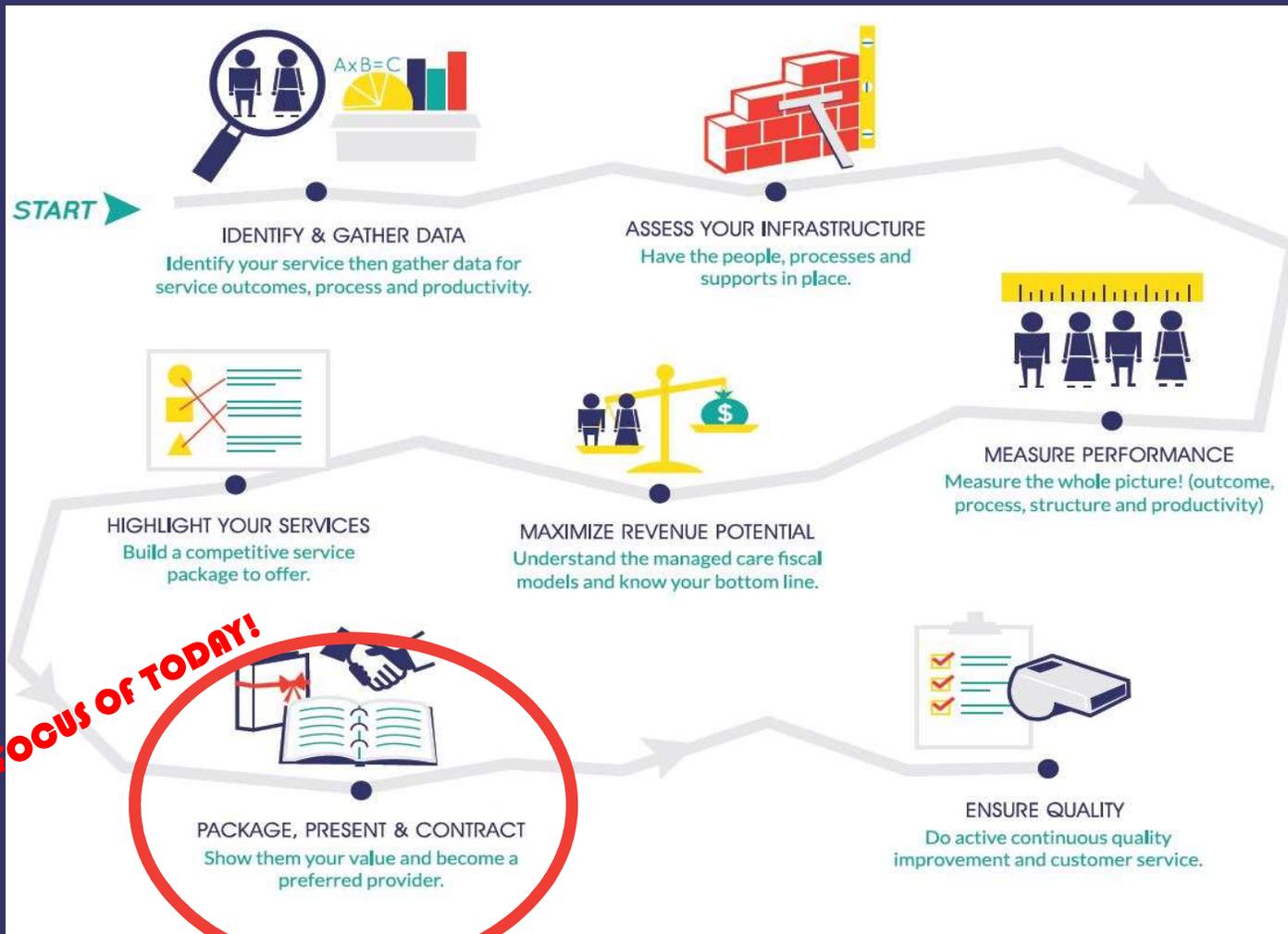
GRANT MANAGEMENT

Fiscal and administrative support for grant development and submissions, core operational requirements and program implementation of supported and hosted grant programs.





- Understand what a value proposition is and why it is needed
- Understand different customer bases and relationship to agency value prop
- Identify value from different perspectives
- Understand differences in types of data being collected and relationship to the value proposition
- Understand how to use data to improve operational efficiency



Value is measured by....



How is a Value Proposition Used?



Contracting
(gets you to the table)

Contracting
(helps to negotiate baseline and targets)

Communication and Marketing

Mission Alignment check

Strategic Planning Alignment



What is a
value
proposition?

Hint –
It Answers the ? Why
should (insert customer)
purchase (insert service)
from you rather than
from (insert competitor)

The value PROPOSITION explains



How your products solves problems/improves situations



What specific benefits customers can expect



Why customers should buy from you over your competitors

IMPORTANT!!!

The value PROPOSITION is NOT:



a SLOGAN:
"Think Different" (Apple)



a POSITIONING STATEMENT
"The #1 retargeting platform" (AdRoll)

WHAT makes a GOOD VALUE PROPOSITION?



Clarity – it's easy to understand



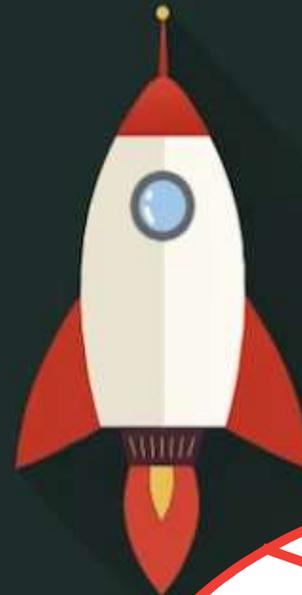
Communicates specific results the customer will get



Explains how it's different and better



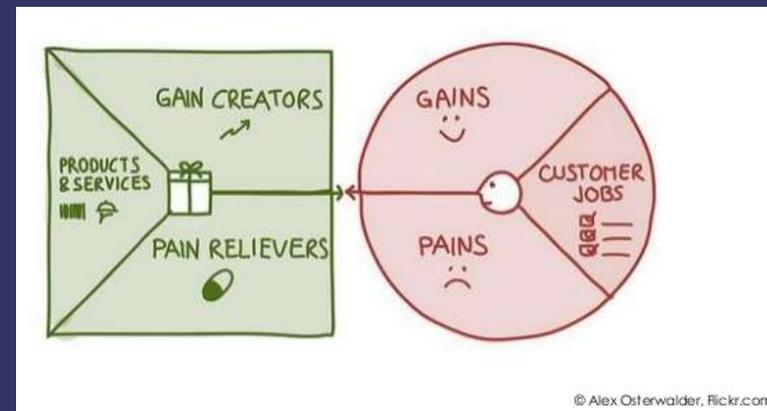
Can be read and understood in 5 seconds



Hype and jargon

Summary - A Value Proposition.....

- A business statement/s, not a presentation that summarizes the achievements of your program
- Addresses the needs of the customer
- Conveys the value (better outcomes at same cost, same outcomes and better cost)



Example Value Proposition

headline

We are the leading provider of community based maternal and children's health services in Western New York successfully serving X# of clients across 4 counties each year. Our success is measured by client improvement in health outcomes for themselves and their children and 92% of our clients say they would not hesitate to refer a friend or family member to our programs.

Families/Mothers in our program consistently:

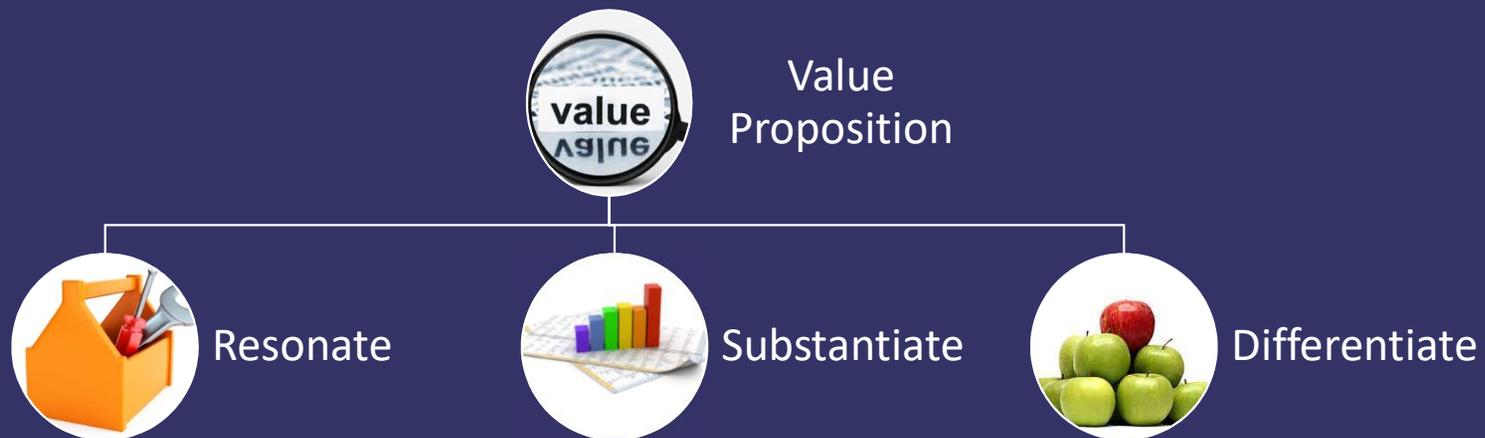
1. X% Receive nutrition services
2. X% Receive health services and have 95% attendance at well visits, immunizations and health screenings compared to 72% in same age group in the general population
3. X% of parents report they apply the skills learned on how to create a nurturing home environment for the children
4. Our clients have **15% less emergency room visits than their community counterparts saving X\$ per year.**

What you do
and how well
you do it



**Take a few
minutes and
write down what
you think your
value
proposition
is.....**

A value proposition packages and presents the benefits (value) that your programs and services provides to the customer.



It answers the question:
“What makes your agency/program unique and attractive to me?”

Value Proposition Components

RESONATE -

**KNOW YOUR CUSTOMER AND WHAT
THEY WANT/NEED TO ACHIEVE**



WHO IS YOUR CUSTOMER?
Different Customers will need different data in value proposition!

Agency XYZ



Regulatory and Licensing Bodies

Referrals, Payers (\$), Networks

Clients + Consumers

Community

WHO IS YOUR CUSTOMER?
Different Customers will need different data in value proposition!



Agency XYZ

Regulatory and Licensing Bodies

- Dept. of Education
- DOH
- OPWDD
- OASAS
- OMH

Requires process (business and clinical), quality, satisfaction and financial data

Referrals, Payers (\$), Networks

- Insurance Company
- Health Home/HARP
- DOH
- City/County/State
- DSRIP

Requires data that measures the Triple Aim (cost, quality and satisfaction)

Clients + Consumers

Requires data that shows effectiveness, customer service and satisfaction

Community

Requires data that quality, cost and client satisfaction

Example: Customer is Managed Care Company

“Pains”

(frustration, costs, risks the customer has)

- High Costs
- Silos of Care
- Regulatory requirements for service delivery and reporting
- Preventable hospital admissions
 - Too much or too little service

Goals and Tasks

(what are they trying to achieve)

- Satisfied Customers
- Improved health and well-being of population
- Prevent unnecessary hospitalizations
- Right amount of service to right clients at the right time
- Integrated physical and behavioral health
- Low Cost of services

* What services that you provide can address their pains and goals?

Example Customer is DSRIP interested in improving outcomes in maternal child health

“Pains”

(frustration, costs, risks the customer has)

- High Cost of pregnancy complications
- Silos of Care
- Regulatory requirements for service delivery and reporting
- Preventable hospital admissions
 - Too much or too little service

Goals and Tasks

(what are they trying to achieve)

- Satisfied Customers
- Avoidable poor pregnancy outcomes and subsequent hospitalizations
- Increase immunization rates
- Decrease rate of low-birth weight babies
- Increase access to quality pre-natal care
- Integrated physical and behavioral health

- What services that you provide will **RESONATE** with the DSRIP?
 - What do you do that can address their pains and goals?



YOUR TURN

- Identify a potential customer for a value proposition
- Which “bubble” are they in?
- Do a simple T-chart (as best you can)
 - Right side of T = pains, barriers, issues
 - Left side of T = goals and tasks

Value Proposition Components

DIFFERENTIATE

Why you? How are you different?



Value Proposition Components

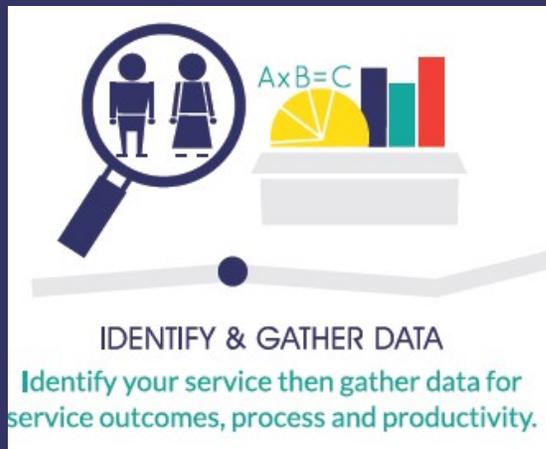
SUBSTANTIATE

YOU MUST HAVE DATA



SUBSTANTIATE

What types of data is needed ?



- **Process Data**...most often used for monitoring
 - Counts
 - Fiscal/Cost
 - Productivity
 - Satisfaction
- **Outcome Data**...most often used for evaluation
 - Changes in client as a result of intervention
 - Improvements made in target population

Examples of Process Data to Have

- * Needed for performance management
- * Needed for Quality Improvement
- * Needed to construct a value proposition

Answers the question "How much did we do? How well did we do it?"

Fiscal Metrics

- Income/revenue by program and service line
- Total cost (direct+indirect) per service unit per program (and then service line, program)
 - Compare to total reimbursement per service unit and service line
 - Profit/loss per service line
- Number of service units billed
 - Per week, per month
 - % billing accepted/rejected (and reasons)
 - By service line
 - By worker

"Count" Data

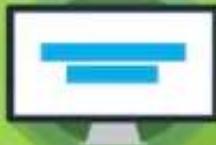
- Number of service units delivered
 - By service line, worker
- Number of referrals
 - By referral source
- Number of clients seen within XX days of referral
- Number of reportable client "incidents"
- Number of clients who return after first visit, second visit
- Rate of staff turnover (how many hired, how many fired or quit)
 - By program and supervisor
 - Cost to "on-board" new staff

Examples of Outcome Data

What data measures the achievement of your mission?
Answers the Question “How are our clients better off?”

- Defined outcomes
 - HEDIS and QARR Measures
 - Decrease in admissions to ER
 - Decrease in re-admissions to inpatient
 - NCQA Standards
 - Accrediting Bodies
 - EBP Outcome Measures
 - Regulatory Agencies (OPWDD, OASAS, OCFS, OMH, Dept. of Education, DOH)
 - DSRIP
 - Health Homes
 - Standardized Measures:
 - CANS-NY, PHQ-9, AQoL, etc.
- Agency Outcomes
 - Outcomes that Measure Mission
 - Agency defined outcome measures
 - Client/Consumer/Customer Achievement

Elements of the value proposition:



HEADLINE

Describes the end benefit you're offering to the customer



A SUBHEADLINE OR PARAGRAPH

Detailed explanation of what you offer, to whom and why



3 BULLET POINTS (OPTIONAL)

List all benefits and/or features



A VISUAL ELEMENT

Show a video or an image to enhance your message

Example Value Proposition

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Q&A

CONTACT US

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Lunch

Please share your experiences
on social media!

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Finding Value in Data

Syracuse | NY

Key Points

1. Data is an asset
2. Data must be worth keeping
3. Data worth keeping is worth caring for
4. Data is most useful when it is shared

Applications

1. Individual
2. Community
3. Development
4. Sustainability

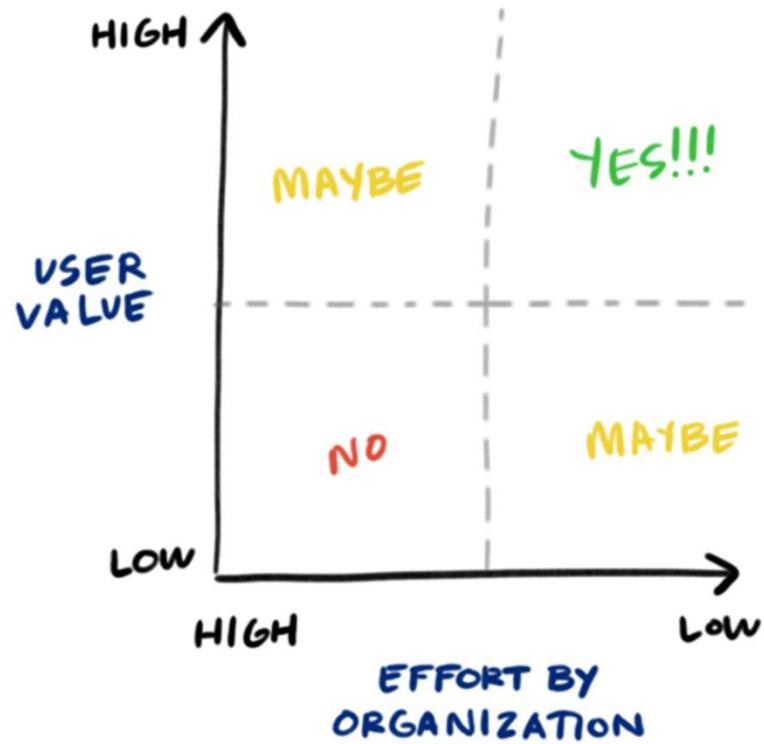
Data is an asset

How does data fit into our value propositions?

- What do we know about the **individuals** we serve?
- What do we know about problems and services across the **communities** we are connected to?
- What do we know that can help **develop** new strategies and improve existing ones?
- What do we know that can support claims about funding and **sustainability** for our organization, its clients, and the community?

K	W	H	L	A	Q
What do I KNOW?	What do I WANT to know?	HOW will I find out?	What have I LEARNED?	What ACTION will I take?	What new QUESTIONS do I have?
We need to think about this before we begin our research.	This is our open question.	Where we think about the small questions!	Where we answer our open question after finishing our research.	How will you share this information with the world?	After doing all this work, what are you still wondering about this topic?

Is it worth it?



What can I do right now?

- Start making bricks not walls
- Store each piece of data separately

- Not "Jeff Smith":

LastName	FirstName
Smith	Jeff

- Store dates as text: YYYY-MM-DD
- Use things that are free as in speech and free as in beer.





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Chief Technology Officer

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Afternoon Break

Please share your experiences
on social media!

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Contracting and Readiness Session

- Ruth Ann Norton
President and CEO
- November 7th, 2019



**Green & Healthy
Homes Initiative®**



Breaking the Link between Unhealthy Housing and Unhealthy Families



GHHI Healthy Homes Services

Assessment Team

- Environmental Health Educator
- Environmental Assessor / Energy Auditor

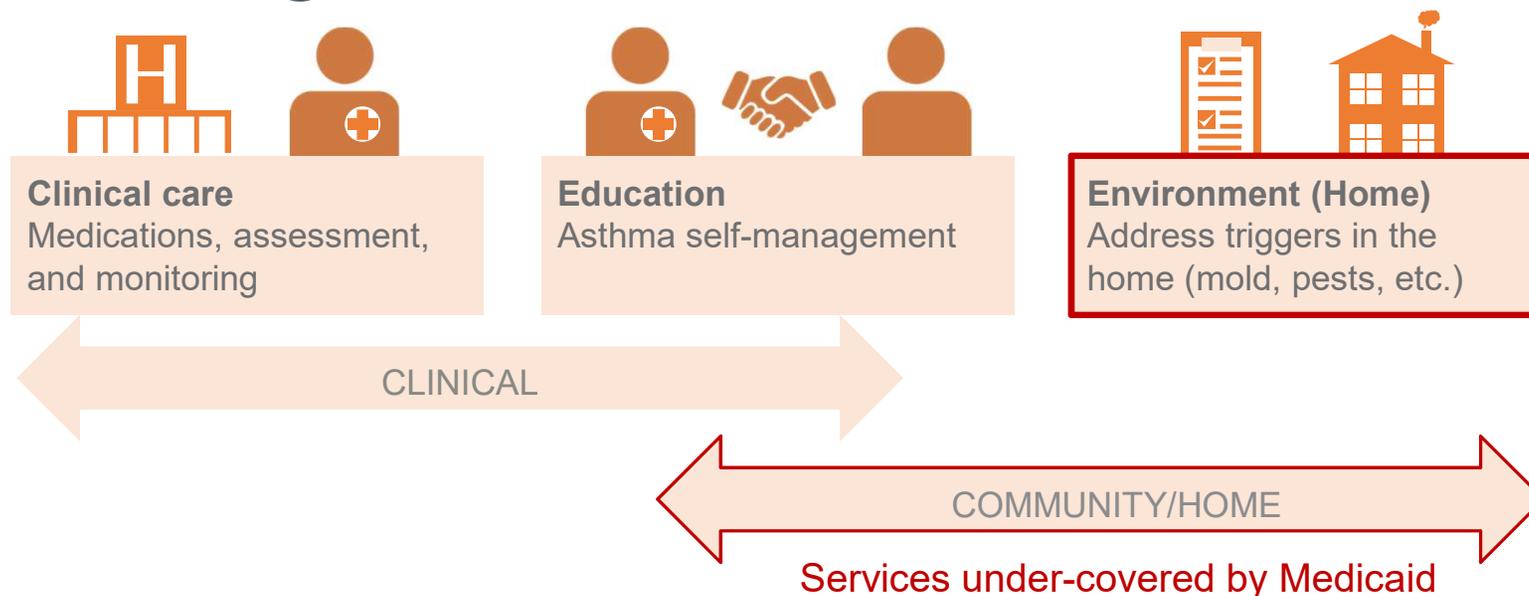
Comprehensive Scope of Work

Cross-Trained Inspectors and Contractors

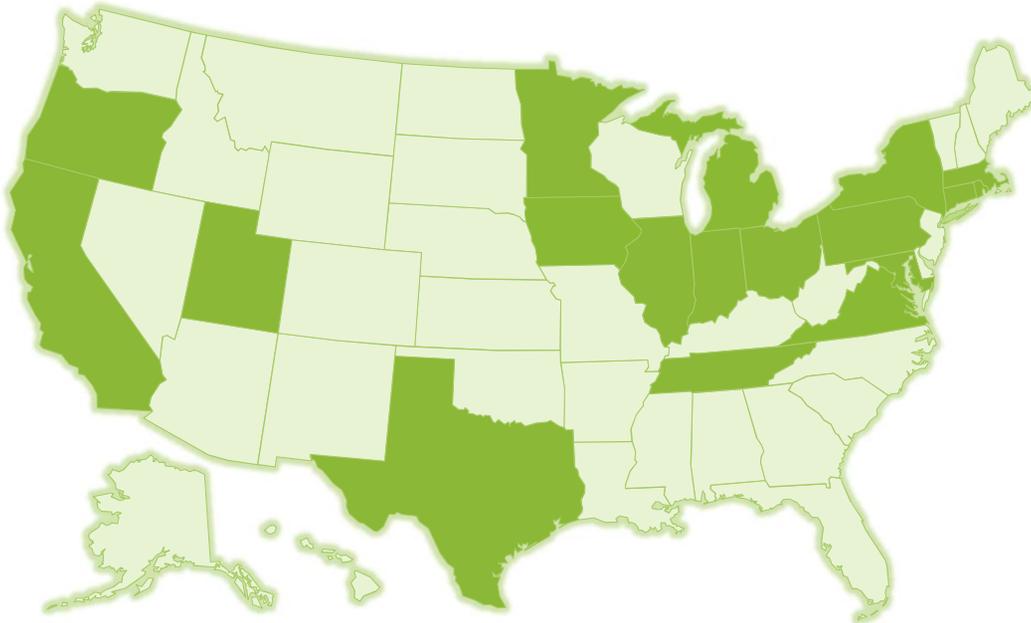
- **Lead Hazard Control**
- **Weatherization**
- **Mold** remediation
- **Integrated pest management:** gel baits, glue traps, reducing entry points, cleaning/behavioral change
- **Venting** kitchen, bathroom, and dryer
- Removal or steam cleaning of **carpets**
- **Air filtering** system installed in child's bedroom
- **Air conditioners** and dehumidifiers
- **Structural repairs** (e.g. plumbing, patching, carpentry)
- **Injury Prevention** (e.g. fall for older adults)
- **Quality Assurance / Quality Control Assessment**



Comprehensive asthma services recommended in national guidelines:



Healthcare Financing Projects



- Allegheny County - UPMC and Allegheny Co. Health Department
- Baltimore - Priority Partners MCO and GHHI Maryland
- Baltimore - Amerigroup and GHHI Maryland
- Buffalo - IHA MCO and Oishei Children's Hospital
- Chattanooga - green|spaces and Erlanger Children's hospital
- Chicago - AMITA Health, Elevate Energy
- Cincinnati - People Working Cooperatively
- Connecticut Medicaid and CT Greenbank
- Grand Rapids - Priority Health MCO, Healthy Homes Coalition of West Michigan, HealthNet of West Michigan
- Houston - UnitedHealthcare & Baylor
- Houston - Community Health Choice MCO
- Indiana - Indiana Joint Asthma Coalition
- Iowa - Healthy Homes Des Moines, IME (Iowa Medicaid), Amerigroup
- Marin - Contra Costa Health Services & MCE
- Memphis - Le Bonheur Children's Hospital & UnitedHealthcare, Amerigroup, and BlueCare
- Minneapolis - MN Energy Efficiency For All
- New York City - Affinity Health Plan, AIRnyc, & AEA
- New York City - LISC and Healthfirst MCO
- New York Medicaid and NYSERDA
- Oregon - Community Services Consortium
- Philadelphia - National Nursing Care Consortium
- Richmond City Health District and DMAS (VA Medicaid)
- Rhode Island - State Medicaid and Integra Accountable Entity
- San Antonio - SA Asthma Collaborative
- Salt Lake - University of Utah Health Plans and Salt Lake County
- Springfield - Health New England MCO, Baystate Health, Public Health Institute of Western Mass, Revitalize CDC
- Worcester - UMass Memorial Hospital

Funders



GHHI's New York Work

GHHI Healthy Homes Sites: Buffalo, Syracuse, Albany and the Capital Region, Utica

Pay for Success projects:

New York City: Affinity Health Plan, AIRnyc, AEA

Buffalo: Community Foundation for Greater Buffalo

Asthma Reimbursement projects:

New York City: LISC NYC, Healthfirst MCO

Long Island: Stony Brook Medicine

Buffalo: IHA health plan, Oishei Children's Hospital, Millennium Collaborative Care, NHS
South Buffalo, Buffalo Prenatal Perinatal Network

New York VBP Bootcamps

New York State Healthy Homes Value-based Payment Pilot



Part I: Engagement with Payors



Initial Questions from MCOs to CBOs

- **What is the evidence base for your services?**
- **What outcomes have you achieved?**
- **How many people do you currently serve, and what is your capacity to scale?**
- **Do you work with providers such as PCPs?**
- **Do you have the capacity to handle protected health information?**



Building the relationship with the MCO

- Usually it starts out with the “medical” side (Chief Medical Officer, Medical Director, or lead for population health or care management) and then once that side approves of the CBO’s services, it goes to the “financial” side (Chief Financial Officer)
- Because contracting with CBOs is still relatively new, you need to have relationships with as high a level as you can (CEO, CMO, CFO)
- Because of high turnover at MCOs, you need to develop multiple relationships
- Process can take months or even years. Usually delays happen when priorities of the MCO changes
- You will have to win over at least one skeptic

Most challenging aspects of getting to a contract

- **Data sharing requirements and investing in that capacity**
- **Balancing being true to your model and meeting the requests of the MCO. Sometimes you have to say, “no, that will not work for us.”**
- **Overcoming the natural power dynamic between a MCO and a CBO**
- **Constantly shifting priorities of the MCO**

What typically motivates the MCOs?

- Requirements set by the State Medicaid program (e.g. in NY each MCO needs to have a VBP arrangements that includes Tier 1 CBOs)
- Metrics like HEDIS or other quality measures that are often tied to incentive payments or penalties to the MCOs
- Return on Investment
- Making the MCO more attractive than their competitors to increase membership
- Another way to “touch” difficult to reach members



Part II: Contracting Terms



What are typical contract models?

- **A bundled payment for the services (e.g. Amerigroup Maryland and GHHI Maryland)**
- **A per member per month payment from the MCO to the CBO (e.g. UnitedHealthcare Texas and Baylor)**
- **Fee for visit (BlueCare Tennessee and Le Bonheur Children's Hospital)**
- **Utilizing existing codes for the services (this requires billing through a Medicaid provider, and sometimes can lead to a rate that is well below cost)**
- **Shared savings or shared risk arrangement**

New York VBP Roadmap

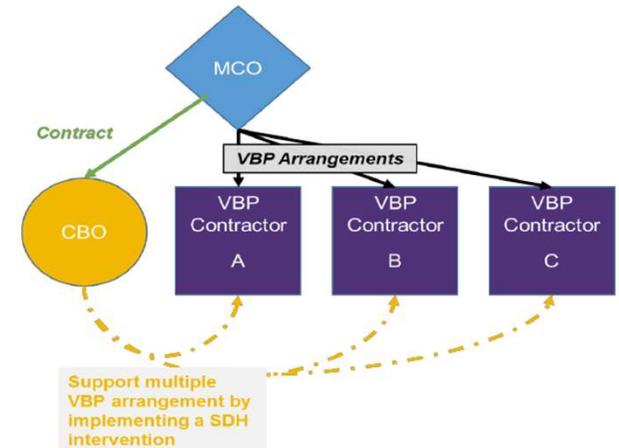
From OHIP proposed 2020 updates to VBP Roadmap:

“MCOs may explore strategic and innovative partnerships with third party investors to secure additional investment in SDH interventions.”

“The expense for SDH interventions being implemented within the VBP contract for which the MCO is making the investment should be included in “other medical” on the MMCOR and MLTCRR.”

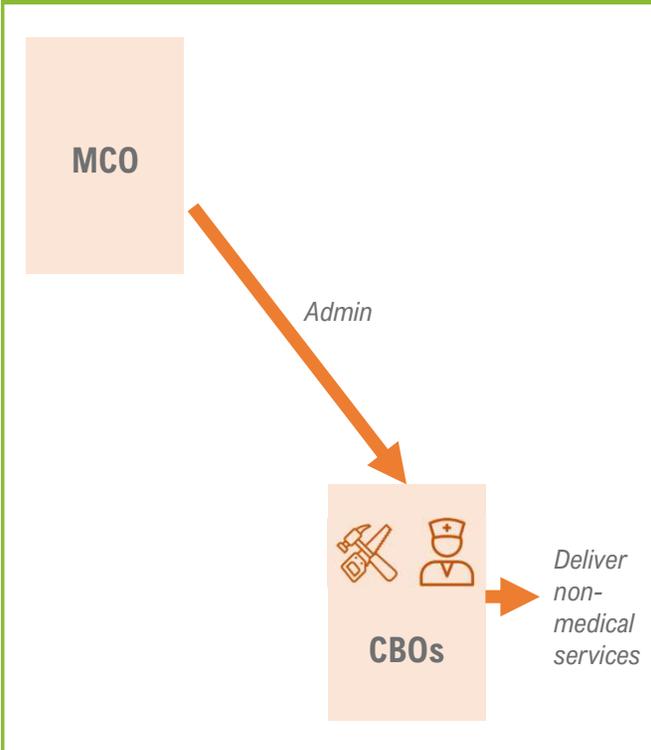
From OHIP presentation “Value Based Payment and Community Based Organizations”, July 2018:

- **CBOs may support VBP arrangements by:**
 - Ⓐ contracting directly with an MCO to support a VBP arrangement
 - Ⓑ contracting directly with an MCO to support multiple VBP arrangements

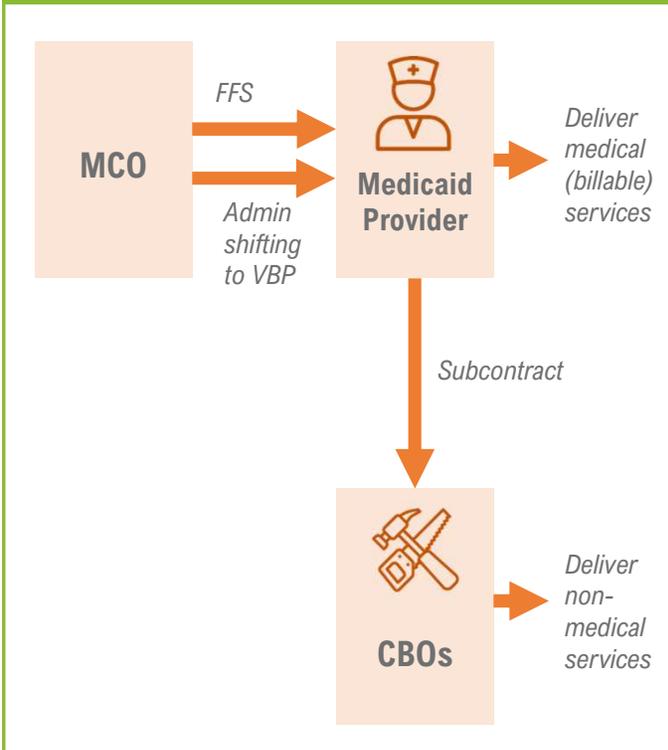


Contracting examples

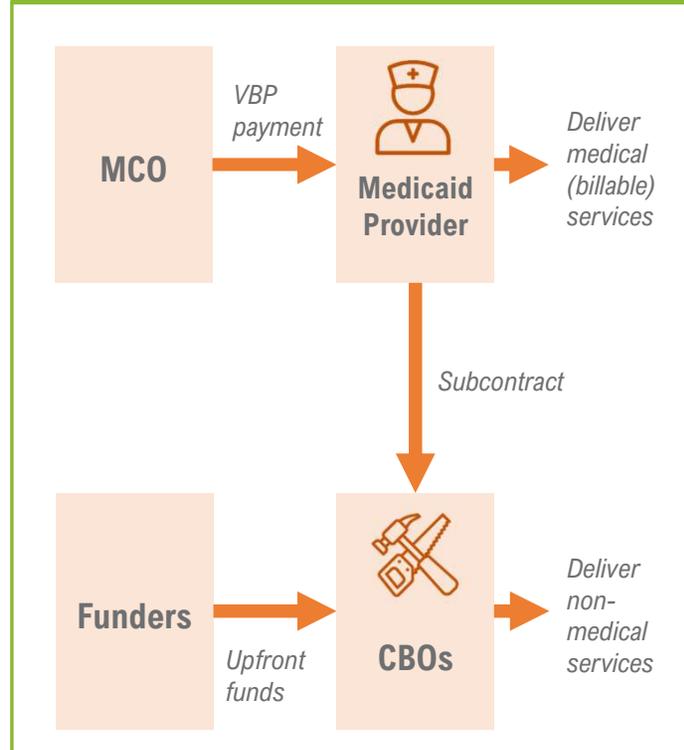
Direct Administrative Payments



Hybrid FFS and Shared Savings



Retrospective Value-Based Payments w/ Financing



How do budget negotiations unfold?

- You need to be able to justify every component of your budget. Often multiple rounds of revisions. Make sure the MCO understands exactly what they are getting rid of when they cut your budget
- Many times MCOs will want to start out with a smaller contract at first to try out the arrangement and services, and then will be open to expanding the scale over time if the program goes well
- MCOs may start out covering services under their administrative budget, but will want to move to inclusion on the medical side, and this typically involves looking at shared savings or shared risk arrangements with the CBO or a Medicaid provider on behalf of the CBO.

Requirements for the MCO

- **Efficiently identifying the right population for the program**
- **Effective referrals with enough information for the CBO to successfully enroll members into the program (warm handoffs)**
- **Ensuring that the MCOs' providers such as hospitals, clinics, PCPs, etc. are being as supportive as possible about the CBO's program (the MCOs have much more leverage than the CBO)**



Example of VBP quality metrics methodology (asthma)

VBP METHODOLOGY EXAMPLE #1 – Shared Savings allocated by Quality Points				
Measure Domain	Metric	Target Year 1	Target Year 2	Quality Points
Quality Gate (applicable both Years 1 & 2)	Percentile in medication management for asthma	50%	60%	1
Success Measures (Year 2 targets over Year 1, not cumulative)	Decrease in Emergency Department visits for asthma-related diagnosis	20%	10%	1
	Decrease in Inpatient Days for asthma-related admissions	20%	10%	1
	Increase the proportion of persons with current asthma who receive formal patient education	20%	10%	1
	Optimal Asthma Control	20%	10%	1
Total Possible Quality Points				5
Shared Savings by Total cost of care reductions		100%	50%	5
		80%	40%	4
		60%	30%	3
		40%	20%	2
		20%	10%	1
Bonus	If total % decreases in Year 2 when summed for all measures are greater than 60% = 60% savings			

How Total Cost of Care impact is typically calculated – expected PMPM vs. actual PMPM

Outcomes based payments mechanism, 12 month period
\$ thousands



Key insight
Despite variability, outcomes-based payments allow repaying investments over their useful life up to the cost-savings value.

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Facebook: [GHHInational](https://www.facebook.com/GHHInational)

Instagram: [healthy_housing](https://www.instagram.com/healthy_housing)



Thank you

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CBO Consortium
OF UPSTATE NEW YORK
Connecting for Health Equity



CCSI
Coordinated Care Services, Inc.
Innovative Solutions in Human Service Delivery

Consortium Roundtable

