

# Addressing Social Determinants of Health (SDH) and Building Community Partnerships

New York State Department of Health – VBP U—Sophomore year, Semester 1

Social determinants of health (SDH), including housing, education, poverty, and nutrition, are drivers of medical utilization, cost, and health outcomes. A cross-continuum approach that leverages community partnerships to address SDH is critical to improving outcomes for people with complex needs, while reducing total cost of care. This document recaps key considerations and importance of SDH interventions, building partnerships, and investing in social services in order to achieve Value Based Payment outcomes.



Addressing SDH helps towards DSRIP goal of reduce avoidable hospital use by 25% in 5 years



Requires moving care from the hospital to the community



Requires leveraging a cross-continuum approach that builds on CBO partnerships

## SDH Interventions and the Value Based Payment Roadmap

*VBP contractors in Level 2 or Level 3 agreements will be required, as a statewide standard, to implement at least one social determinant of health intervention and contract with a minimum of one Tier 1 CBO.*

*Although it is not required, Level 1 agreements would also benefit from working on these strategies to improve population health and reduce costs.*



**Implement at least one SDH intervention; an [SDH Intervention template](#) must be submitted by the MCO with their Contract Statement and Certification form.**

- The DOH has an [SDH Intervention Menu](#) available to help with the selection of an intervention.
- There are 5 key areas of SDH that can be addressed: education, social and community context, health and health care, neighborhood and environment, economic stability.
- An intervention should be selected based on attributed population and community needs.
- Depending on the contract level, the cost of the CBO and related intervention can be shared between the contractor and the MCO.

**Contract with a minimum of one Tier 1 CBO;** this contract must also be submitted by the MCO with the final contract. Tier 1 CBOs are defined as non-profit, non-Medicaid billing community based social and human service organizations (e.g. housing, social services, religious organizations and food banks). **This requirement does not limit participation with Tier 2 or Tier 3 CBOs.**

- CBOs can contract directly with an MCO or with the VBP contractor to meet this requirement.
- Contracts may be payments for rendered services, or also include risk components (though CBOs are not required to take on risk).
- CBOs may be contracted to assist with an SDH intervention, thus satisfying both the SDH and the Tier 1 CBO requirements.
- A MCO or VBP contractor can contract with a Tier 2 or 3 CBO that subcontracts with a Tier 1 CBO.

## Key considerations for developing partnerships for SDH interventions

	Data Sharing	Technology Enablement	Cross continuum collaboration
Importance	<p>Successful VBP arrangements require strong partnerships and the ability to collect and use data to articulate the value of the partnership, as well as inform clinical decision-making, and demonstrate outcomes.</p>	<p>Technology can be used to actively manage the attributed patient population, specifically to manage care, disease, utilization, referral processes, and performance. Tools can also be used to transfer information and engage providers and patients.</p>	<p>Cross continuum care management is critical to decreasing high cost services including emergency department and inpatient hospital utilization. Partnerships allow for more effective linkage to clinical and non-clinical services, more engaged patients, and the leveraging of appropriate skills and expertise between clinical providers and social service providers.</p>
Key considerations	<ul style="list-style-type: none"> <li>Identify the existing processes, systems, and capabilities currently in place for data collection and analysis.</li> <li>Identify the data being collected that demonstrates both clinical and social impact.</li> <li>Use data to identify opportunities to improve quality/efficiency opportunities, including high utilizers and high cost members, leading to savings.</li> <li>Identify shared patients across the partnership and where data-sharing agreements may be established.</li> </ul>	<ul style="list-style-type: none"> <li>Identify tool benefits and develop a clear business case for the investment.</li> <li>Build awareness of tools among providers and community partners.</li> <li>Develop and share policy and leading practices around using tools – adapt workflow where necessary.</li> <li>Address liability as well as privacy and security concerns for patients and providers.</li> </ul>	<ul style="list-style-type: none"> <li>Establish clear goals and roles for alignment across the partnership.</li> <li>Identify metrics that are meaningful to clinical and community partners and measure effectiveness and cost-savings.</li> <li>Demonstrate the value of the partnerships by using patient outcomes and cost savings.</li> <li>Accounting for all program components and associated costs is critical to informing return-on-investment (ROI) calculations and building trust.</li> <li>MCOs may provide data and analytic support to assist in calculations.</li> </ul>
Examples from the field	<p><i>A provider in downstate New York developed a real-time identification system for high utilizers of their inpatient unit using Tableau dashboards and a definition of 4 or more inpatient admissions in 12 months. Patients were automatically flagged to the transitional care manager and ambulatory care nurse and linked to community partners for housing applications, food stamps, and transportation. A feedback loop was established between the hospital and each community partner. Admissions were tracked for each patient to monitor the impact of these interventions and partnerships.</i></p>	<p><i>A provider in downstate New York uses a direct referral tool to manage both medical and social needs of their patients. The platform serves as a community resource directory with filters and data-driven algorithms to ensure appropriate and personalized referrals are identified. Patient engagement is also documented and previous encounters can be accessed by the entire care team.</i></p>	<p><i>A team of cross-continuum care providers in upstate New York collaborated to improve hospital to CBO referral processes by establishing weekly case conferences. During this time, hospital staff reviewed their weekly patient list. Representatives from each present CBO outlined their weekly capacity to take on new patients and clarified the services they provide as well as criteria for referral. This allowed the team to real-time problem solve between hospital and community partners and easily connect patients to an appropriate community partner.</i></p>

## Key considerations for investing in social services

Investments to improve outcomes and lower costs for patients is critical to addressing SDH in our local communities. By building partnerships and investing in social services, providers may consider:

- 1. Need for workforce transformation:** staff may experience a growing demand for services, and therefore limited bandwidth, or the need to operate in a different role, thereby requiring new skills. Organizations and partnerships must develop policy, share leading practices, and focus on training and capacity building across their staff. The development of a business case will support the process of articulating the investments needed to sustain the partnership.
- 2. Legal and regulatory implications:** legal and regulatory parameters, such as legal structures, HIPAA concerns, or provision of certain services, that apply to social service investments for specific populations may pose a challenge. Organizations may consider alternate methods to supporting social service investments by partnering with organizations not confined by the same parameters.
- 3. Building a business case to prove investment benefits upfront:** developing a business case that demonstrates the effect of an investment on operating costs and revenue models and that focuses on financial viability for investing organizations is critical. Partnerships should establish a method for measurement of a return on investment (ROI) early on – this will decrease challenges with obtaining this information once the investment has already been made and also create opportunities or lessons learned for future investments.
- 4. Addressing SDH through local community care:** Though addressing SDH needs at a member and community level will have a significant impact on the success of VBP in New York, it is also critical that community based organizations be supported and included in healthcare transformation efforts across the State.

### Spotlight

#### Innovative approaches from the field

*An innovative provider in downstate New York aimed to both promote and increase the supply of healthy food options for its community in the Bronx.*

**In order to achieve this goal, interventions included:**

- Increasing the supply of fresh fruits, low sodium foods, healthier snacks.
- Promoting healthier food options and advertising “good fruits and veggies”.
- Conducting education and outreach through cooking demos, peer leadership for healthier choices, and food label reading workshops.

#### CBO planning grants

In 2016, NYS issued an RFP to announce funds made available to support CBOs in strategic planning activities for DSRIP.

Recipients of the planning grant are a valuable resource for CBOs. If you are a CBO looking for assistance please reach out to the organizations below:

Arthur Ashe Institute for Urban Health

<https://www.arthurasheinstitute.org/aaiuh-dsrip>

Health and Welfare council of Long Island

<http://www.hwcli.com/>

## Resources

### **VBP Contracting**

[General VBP Contracting Checklist](#)

[On-Menu VBP Contracting Checklist](#) (by specific arrangement)

[Off-Menu VBP Contracting Checklist](#)

[2018 VBP Bootcamps: Contracting Course](#)

### **VBP Arrangements**

[VBP Resource Library: VBP Arrangement Fact Sheets](#)

[2018 VBP Bootcamp Series: VBP Arrangements and](#)

[Quality Measurements Class 1](#)

### **Attribution**

[VBP Resource Library: Measurement Year 2018 VBP Arrangement Fact Sheets](#)

### **Quality Measures**

[2018 VBP Bootcamp Series: VBP Arrangements and](#)

[Quality Measures Class 2](#)

[VBP Resource Library: VBP Quality Measures and 2018](#)

[VBP Quality Measure Sets by Arrangement](#)

[Quality Measure Public Comment Overview and Draft](#)

[Technical Specifications](#)

### **SDH and CBOs**

[VBP Social Determinants of Health \(SDH\) & Community Based Organizations \(CBOs\) Informational Webinar](#)

[2018 VBP Bootcamp: SDH and CBO Class 1](#)

[2018 VBP Bootcamp: SDH and CBO Class 2](#)

[VBP Resource Library: SDH and CBO Community Based Organization Directory](#)

[SDH Intervention Template](#)

[SDH Intervention Menu](#)

### **Datasets/Websites**

[Prevention Agenda Dashboard](#)

[American Community Survey \(5 Year data\)](#)

[NYSDOH Community Health Assessment Indicators](#)

[County Health Rankings](#)

[2016 Behavioral Risk Factors](#)

[Social Vulnerability Index of ATSDR/US](#)

[Criminal Justice Services](#)

[National Health and Nutrition Examination Survey](#)

[Feeding America estimates of food insecurity by county](#)

For more SDH related resources and information please visit the New York State Department of Health's new [Bureau of Social Determinants of Health website](https://www.health.ny.gov/health_care/medicaid/redesign/sdh/index.htm) at [https://www.health.ny.gov/health\\_care/medicaid/redesign/sdh/index.htm](https://www.health.ny.gov/health_care/medicaid/redesign/sdh/index.htm)