Q1 Please provide your contact information below.

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Q2 Please describe your company or organizations overall goals and mission.

ArchCare serves 8,100 elderly and disabled individuals of all faiths each year; its mission is to provide holistic, faith-based care to the elderly, disabled and others in the Archdiocese of New York with chronic illnesses who cannot fully care for themselves. The system includes five nursing homes, home care services, a Program of All-inclusive Care Program for the Elderly (PACE), assisted living, health plans, a Long Term Acute Care Hospital, hospice and other community based programs, including NYC's only TimeBank. The ArchCare TimeBank is free volunteer service exchange program that empowers marginalized New Yorkers to meet their own needs and those of their neighbors by sharing their talents and time through a supportive community network.

Launched in August 2014, the ArchCare TimeBank now has 1,782 individual and 110 organizational members in NYC. At least 42 different languages are represented and TimeBank exchanges often occur between individuals from different generations, income groups and ethnic backgrounds. The TimeBank builds community and combats social isolation and its ill effects by engaging at-risk and vulnerable community members in mutual service. Time contributed by members is "banked," and can be "redeemed" for services from any other TimeBank member. The most popular services exchanged are friendly visits and phone calls, post hospital assistance, cooking, light housekeeping, assistance at food banks or other community-based organizations, and more.

While the TimeBank meets many individual and community goals, ArchCare is leveraging its TimeBank services as a value-added component of care through its Medicaid Managed Long Term Care Plan, and recently, its Program of All-inclusive Care for the Elderly (PACE).

The goal is to address loneliness and its negative toll on the health of frail, isolated and low-income elders who are members of ArchCare's PACE and MLTC programs. By engaging PACE and MLTC members in regular exchanges with TimeBank members, either over the phone or face-to-face, this project aims to

• Reduce isolation and loneliness;
• Improve participant's mental health;
• Improve participant's physical health; and
• Improve participant's quality of life.

By embedding the opportunity for TimeBank participation into the plans of care for adults who receive health care services and care coordination from ArchCare, the TimeBank will be able to better gauge its direct and indirect impact on specific health outcomes.

As the health care marketplace shifts from volume to value-based payments, ArchCare believes the TimeBank can be leveraged as an affordable tool to extend a health care organization's formal resources, attract new patients, improve patient engagement and retention, and reduce unnecessary hospital and emergency room use and health care costs.

Q3 Please indicate which category your organization falls under.

Health Care Provider,

Community Based Organization

Q4 Innovation Executive Summary. Please describe the innovation, and how it addresses the social determinants of health. Please identify how the innovation addresses the 6 innovation criteria (i.e. ROI, scaleability, feasibility, evidence based support for innovation, relevance to the Medicaid population and speed to market).

Steps to Engage Health Plan Members in the ArchCare TimeBank:

1. The PACE/MLTC care teams assess their members via the State's Uniform Assessment Tool which informs the development of the plan of care. The care manager reviews this for any specific needs, especially around loneliness and the social determinants of health that can be addressed by the TimeBank, and makes calls to members to further assess their needs and interests.

2. The Care Manager refers appropriate plan participants to the TimeBank Coordinator.

3. The TimeBank Coordinator follows up with the member, assesses his/her loneliness using the UCLA 3-Item Loneliness Scale, and matches the plan member with a TimeBank member who can help meet the need by making friendly phone calls or visits or providing other services. Some members, despite their frailty, are even able to provide service to others.

4. The TimeBank Coordinator tracks and records exchanges, follows up on matches, provides ongoing feedback to the care manager about the member, and offers the plan participant opportunities to provide a service to someone else in the TimeBank.

5. The TimeBank Coordinator re-administers UCLA 3-Item Loneliness Scale to participants after six and twelve months of TimeBank engagement. The Coordinator also uses a self-reporting tool to measure impact on quality of life. (This tool is described more fully under Measuring Tools.) The indicators around loneliness can be compared pre- and post-TimeBank intervention.

Potential return on investment

ArchCare expects to generate a return on investment in the TimeBank through the following:
• Reducing unnecessary utilization of high cost services, such as emergency room visits; thereby, generating cost savings;
• Increasing the likelihood that ArchCare MLTC and PACE attain their NYS Quality Incentive payment; thereby, enhancing revenue,
• Extending the organization's formal resources; thereby maximizing operational performance and efficiency.

TimeBank participation is specifically addressing the loneliness measure included on the Uniform Assessment System (UAS-NY). The "Percentage of members who were not lonely and not distressed" is included in the Category 1 MLTC VBP Measure Set. For these plan members, participation in the TimeBank may also impact measures related to emergency room use. For example, a patient with congestive heart failure who is suffering from an acute episode of anxiety typically may call an ambulance, be transferred to the emergency room, and subsequently be admitted to the hospital. If the individual had a TimeBank "buddy" to call when having a bout of anxiety, he may be less likely to use expensive medical services inappropriately.

Operationally, the TimeBank can fill gaps in services. For example, in a senior housing organization that provides case management services to residents, but finds the social worker's time dominated by residents who are lonely and looking for socialization, a TimeBank member could provide companionship for these seniors and free up the social worker's time for more case management and cost-effective use of resources.

Additionally, the TimeBank's potential ROI includes attracting new patients to the plan, improving patient engagement and satisfaction, and distinguishing the plan in the marketplace.

Scalability

In terms of scalability, the ArchCare TimeBank is testing a "satellite site" model in collaboration with a large community-based organization (CBO) serving seniors. In this model, the CBO provides the resource of a dedicated TimeBank Coordinator, and the ArchCare TimeBank staff trains the Coordinator to recruit, screen, enroll and match new TimeBank members who will be affiliated with that organization. In this model, all members are part of the larger TimeBank. For the ArchCare TimeBank, this is a low-cost way to grow the network of TimeBank members without the investment in additional staff. From the CBO's perspective, the investment in a TimeBank is filling the gaps in the formal services structure.

Feasibility

ArchCare is actively working with internal and external partners to develop mechanisms to sustain and scale the TimeBank. This includes gathering data to demonstrate the value of TimeBanking, as well as looking at various ways to partner with organizations who also want to offer their participants the opportunity to join the TimeBank.

The TimeBank collaboration and integration with the ArchCare health plans offers a potential avenue to sustainability. The TimeBank can add value to the overall package of health plan services and impact participants' self-reported mental and physical health, as well as

satisfaction with and retention in the health plan. Building an evidence base around this unique intervention can support the creation of a revenue-generating business model for future partnerships.

Evidenced-based support for innovation
Large-scale research has also shown the impact of timebanking on hospitalizations. A new study of hospitalizations in Somerset County in England demonstrated that in the timebanking town of Frome, where a general medical practice launched the strategy in 2014 to help patients meet individual needs and connect to their community, hospitalizations in 2016-17 were 17% lower and health care costs 21% lower than in 2013-14. At the same time, Somerset County as a whole saw a 29% increase in hospitalizations and a 21% increase in costs. The results are encouraging and demonstrate the potential impact of including TimeBanking as part of an Integrated Delivery System, a goal of the State's Delivery System Reform Incentive Payment (DSRIP) initiative.

Recent studies identify social isolation and loneliness as significant social determinants of health. A 2017 meta-analysis of data by researchers at Brigham Young University found that social isolation, living alone and loneliness were equally as significant risk factors for premature death as other more well-studied factors such as obesity. Research has found socially isolated seniors, for example, at heightened risk for cognitive difficulties, depression, and poor diet. Social isolation makes seniors more likely to delay seeking healthcare until problems worsen, which jeopardizes their ability to live independently. Loneliness has been shown to increase seniors' rates of mortality, disability, functional/cognitive decline, and health care costs.

The Brigham Young research also found that greater social connectedness was associated with a 50% reduced risk of early death. In historically marginalized communities, fear, isolation, racism, economic disparities, language and cultural differences are among the barriers to greater social connectedness. The TimeBank has a strong record of engaging people of color, immigrants, and low-income community members in building networks of support and finding meaningful ways to contribute to the larger community. Currently, 63% of the TimeBank's members, not including members of the health plans, are adults ages 60 years and older; 71% are immigrants; and 80% are people of color. Also, more than 70 ArchCare staff members have joined the TimeBank.

ArchCare is not the only health care organization to embrace timebanking as a value-added service for its patients, members and participants. Lehigh Valley Hospital in Pennsylvania operated the Community Exchange TimeBank, and a study of its TimeBank members concluded that "a sense of belonging …is key to improved well-being and that time banking may be particularly valuable in promoting health and belonging among older and lower-income individuals and those who live alone." In England where timebanking is successfully embedded in primary care physician practices, the National Health System of England stated in its 2017 report, Timebanking: A Prospectus, "Our objective is 'Community Wellbeing' and timebanking is the most cost effective way to construct it."

Relevance to the Medicaid population
Through the collaboration with the ArchCare MLTC and PACE programs, the TimeBank is targeting Medicaid beneficiaries. Over the past year, the TimeBank and MLTC staff have piloted this effort linking participants identified as socially isolated, depressed or homebound with TimeBank services. Currently, these plan members are receiving phone calls, spiritual support, help with mail, language practice and tech help from ArchCare TimeBank members. Some plan members are also providing services to other TimeBank members.

Among the TimeBank's current membership, outside of the health plans, more than 50% live on incomes of less than $15,000 per year. Based on this, it is likely that the TimeBank is already serving a high number of Medicaid recipients of all ages.

Speed to market
The innovation is in process with MLTC and PACE plan.

Q5 Was your innovation implemented? If so, please explain when, the number of people impacted, and the results.

Yes (please specify when and the estimated number of people impacted):

Since 2017, there have been more than 100 active matches between plan and TimeBank members. In a survey of 37 ArchCare MLTC plan participants who have been receiving and/or providing services for at least six months, the majority of participants reported improved mental health (71%) and physical health (47%); feeling less alone (76%), and improved quality of life (68%). The impact is also measured by numerous anecdotes collected by staff. • Feeling depressed after her mother's death, Ms. M was matched for calls with Milagros. "She's such a positive person," says Ms. M. "Whenever I get off the phone with her, I feel better…I love that somebody reaches out to me, that I can talk to somebody. I've suffered through something, and she really makes a positive impact on me… I just hope that she stays in this program and I continue getting calls from her." Milagros and Ms. M have been in touch for nearly two years. • Feeling isolated at home, Ms. B was matched with Jose for prayer and conversation calls. Jose has been calling Ms. B regularly for more than two years and has visited her several times. "Sometimes I'm in pain when Jose calls, but after we finish the prayers, I feel better," says Ms. B. "Now I have started to provide calls to another homebound ArchCare member." • Ms. H joined the TimeBank over two year ago, looking for someone to help with her writing hobby and also for opportunities to serve her community. She receives writing assistance and friendly calls from Kerry. She also volunteers regularly at a soup kitchen, undeterred by the polio that confines her to a wheelchair. "I am contributing to society and it makes me feel good," she says. "I like how I've been treated in the TimeBank. They made me feel important, more than just a volunteer. They make me feel valued."

Q6 Please identify the SDH Domain that your innovation addresses. (Select all that apply.)

Social and Community Context ,

Health and Health Care

Q7 I give the Department of Health the right to share the information submitted in this application publicly (for example: on the DOH website). I understand that there is no monetary reward/reimbursement for my submission or for attending the summit should my innovation be selected.

I consent to have my innovation shared