

Lessons From the Field



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CBOs: A Key Element to VBP Success

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Outline

- God's Love Mission in Action
- Medically Tailored Meals (MTM)
- DSRIP – The Laboratory for VBP
- VBP
 - Current Experience
 - Critical Capabilities and Considerations for VBP

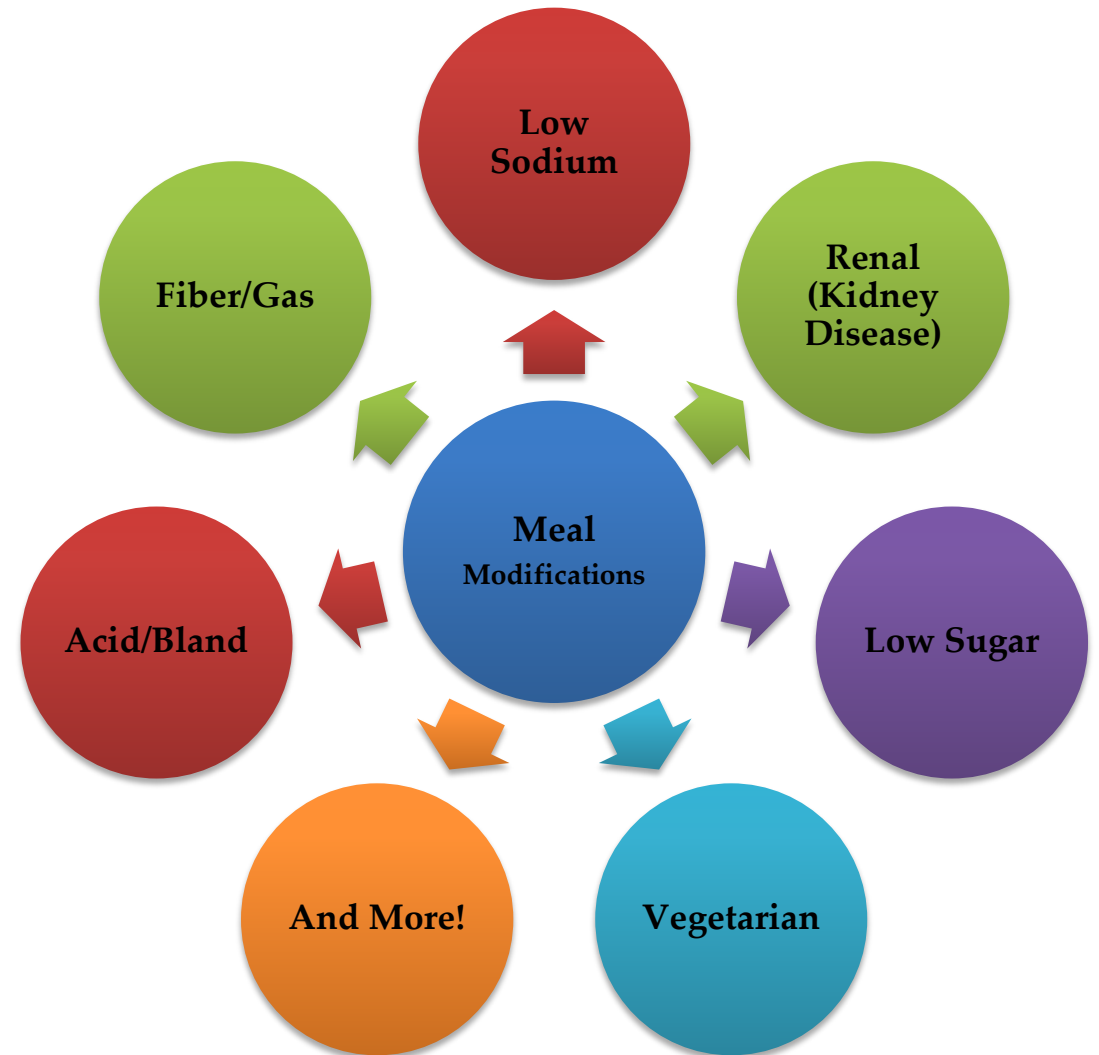
Mission in Action

- 1.7 million individually-tailored meals delivered this year
- 7,000 people and 200+ diagnoses
- All 5 boroughs, plus Westchester County, Nassau County, and Hudson County, NJ
- 7,000 meals prepared and delivered each weekday

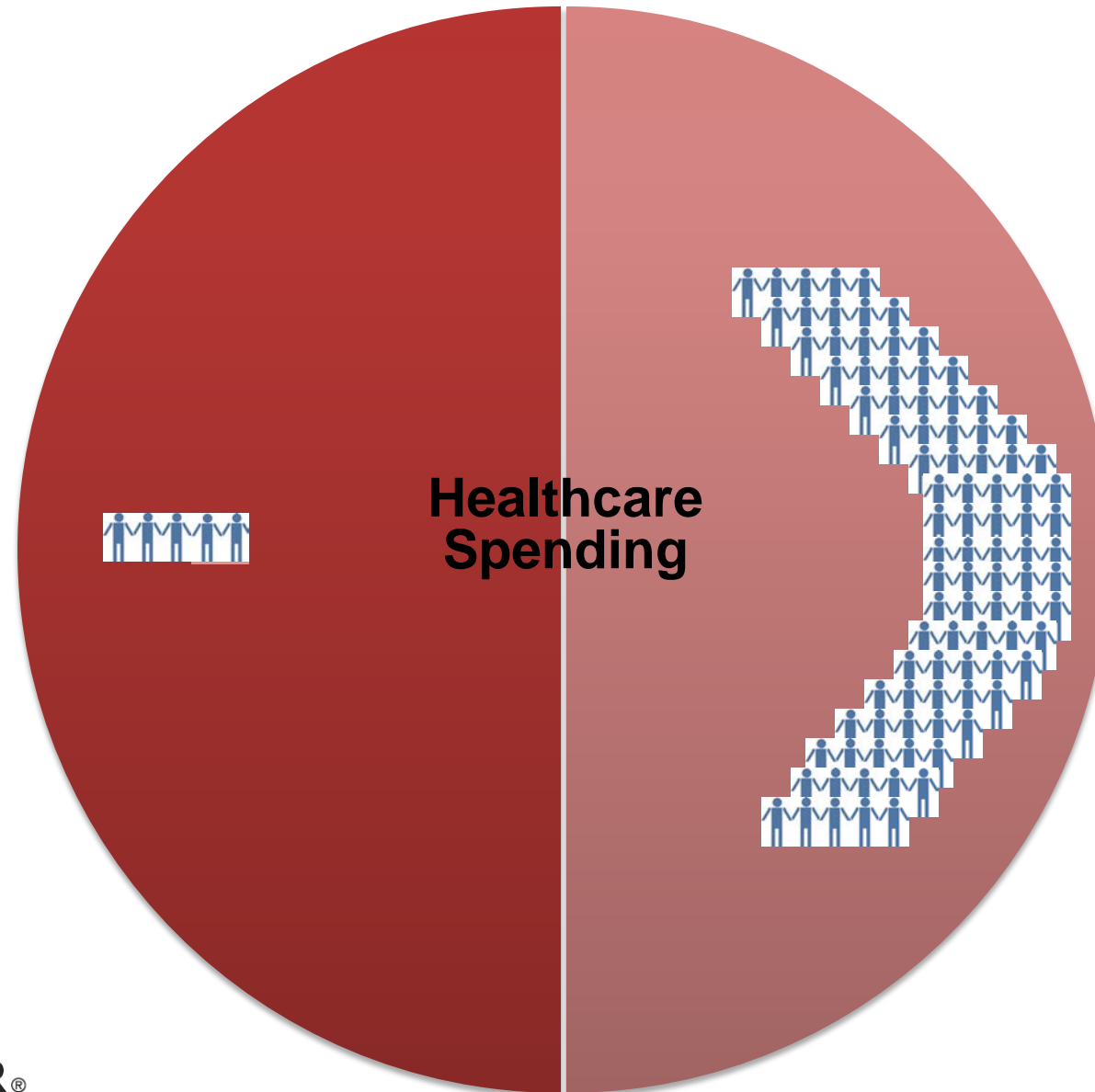


Medically Tailored Meals (MTM)

- Unique focus on severe and chronic illness
- Meals individually-tailored for specific medical circumstances
- 7 RDNs with Chefs
- Support trajectory of illness
 - Soft, minced, and pureed
- Flexible service plans and delivery
- No preservatives, starters or fillers



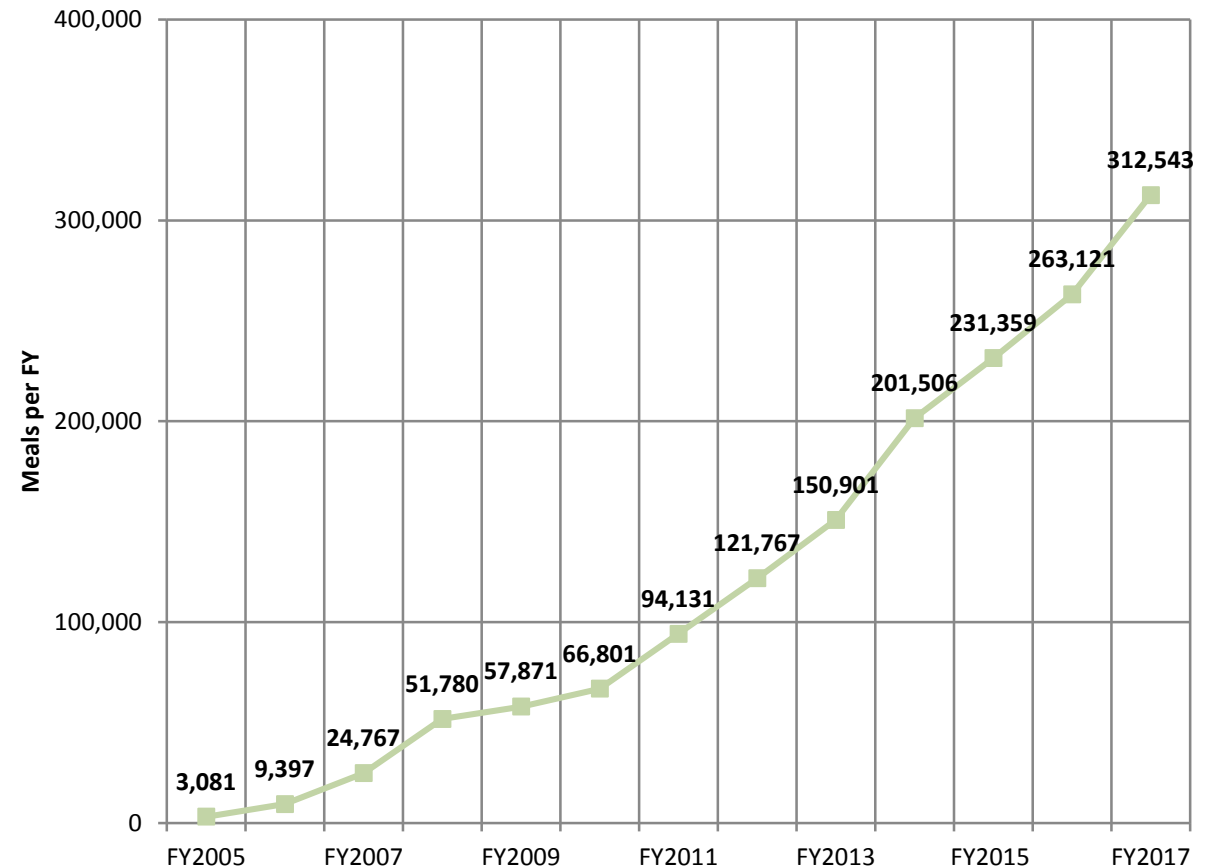
High Risk, High Need, High Cost



Community Partners Program

Community Partner Program Growth
FY2005-FY2017

- 30+ contracts with Managed Long Term Care, Dual Eligible and PACE programs
- 1,491 People (FY17)
- 312,543 Meals (FY17)



Value Based Payment

God's Love We Deliver and VBP

- Part of DSRIP since the beginning
 - 10 PPS and multiple committees on each
- Approached by several IPAs and ACOs
- Featured by the state in CBO webinar – August
- Over 15 years of contracting experience
- Conducted a formal cost-benefit analysis
- Internal evaluation of capacity for VBP

We are not currently engaged in a VBP contract

Barriers to CBO Participation in DSRIP

Barriers to Providing Quality CBO Interventions in DSRIP

- Medical field lacks a comprehensive assessment of SDOH
- If there is an assessment, and it is positive, staff are unsure where to refer
- If staff understand where to refer, referrals contain incomplete data, or may be inappropriate
- Staff turnover
- Lack of payment for CBO services

Barriers to CBOs Being Effective Partners in DSRIP

- Outcomes data medical field hopes to track is not available to CBOs – it rests with the hospitals and the plans

So: CBOs are being asked to prove the efficacy of services in particular populations without access to outcomes data

DSRIP as the Laboratory for VBP

- DSRIP is a laboratory to test new models that drive down the cost of care
- Opportunity for reimbursed pilot projects to evaluate community based interventions on medical outcomes and utilization
- Pilots should be predicated on existing SDOH impact data; but also acknowledge the field is being built as we go
- Opportunity to work in collaboration on new data structures – as data pathways do not yet robustly exist
- Remember: VBP requires:
 - One Tier One CBO
 - One SDOH project



Critical Capabilities for Success in VBP

Key Questions for Your Organization:

- Fiscal Considerations
- Populations and Services
- Operations Considerations
- Crafting your Value Proposition
- Data and IT
- Contracting Negotiations

Fiscal Considerations

1. How will you pay for your services?

- Are you willing to use other funding streams to supplement the VBP arrangement or do you expect direct payment through a contract for services?
- Even with direct contracting, do you have the resources to cover your costs if there is a lag in payment?
- Remember that even if you are willing to fund your services, your relationship with the VBP contractor should focus on outcomes and data.

2. Can you accept downside risk?

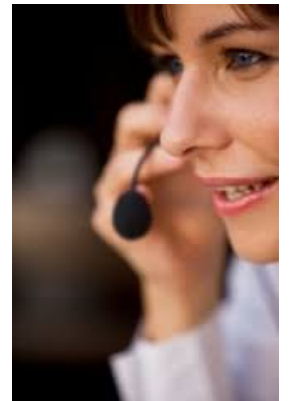
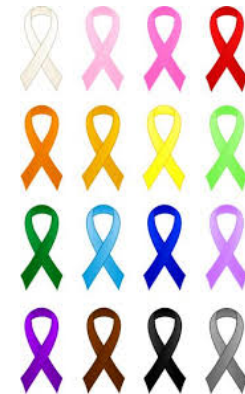
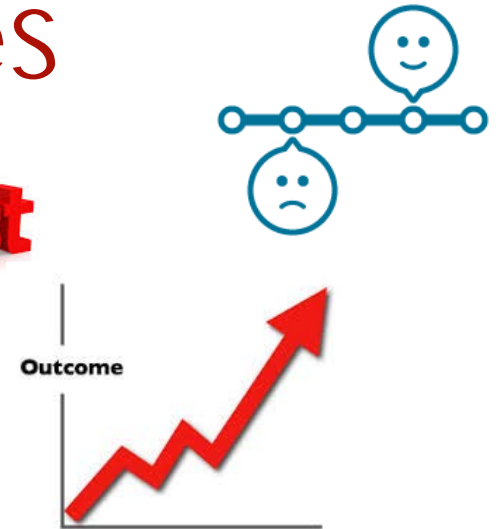
- Know how much of your cost you are willing to absorb should payment be predicated on outcomes

3. Do you want upside risk?

- Can you make a convincing case for what portion of positive outcomes are attributable to your services?
- If not, are you willing to let the upside risk go?

Populations & Services

- Which metric(s) are you trying to influence?
- Which population will you serve?
- What service will you provide?



Operations Considerations:

How Flexible Can Your Services Be?



Flexibility Example: Community Partners Program

- **Added/Changed Program Services**

- Nutrition modification
- Allow health plan to authorize 1 – 21 meals a week



- **New Delivery Options**

- Aligned with Home Health Aide hours
- Flexibility in delivery days
- Expanded geography (to 2 very large suburban counties)



- **Enhanced Customer Service**

- Streamlined Authorization Process
- Ongoing education sessions for referri
- Open Houses/webinars
- Daily notification of MIAs



Identify



Authorize



Nourish



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Operations Considerations

Ask Yourself...

- How would you have to change your program to meet contract requirements?
- What are the pros and cons of flexibility?
- How would you manage the new flexibility?
- Who on your staff is involved in making flexibility a success?

Crafting Your Value Proposition

- Know the metrics/goals the other party needs to meet
- Know the research in your field
- Craft a convincing narrative about how your services will help accomplish these metrics

Short Value Proposition Example

Food is Medicine

While adequate food and nutrition is important for all people, proper nutrition is **critical** for the management of chronic illness.



Research Summary

The Problem

Food Insecurity Leads to:

- Poor medication adherence
- Reduced control of chronic conditions
- Poor engagement in medical care
- ER/inpatient/institutional use

Malnutrition Results in:

- 50% more likely to be readmitted
- More than 2 million hospital stays annually (nationally)

The Solution

For People with Serious Illness Medically Tailored Meals =

- 28% drop in healthcare costs
- 50% fewer hospital admissions
- 23% more likely to be discharged to home and not an institution

For People with HIV = More Likely to:

- Adhere to medication
- Achieve viral suppression
- Have better health functioning

Nutrition is an Inexpensive Intervention



Feed someone for 1/2 a year
for the same cost as 1 day in the hospital

Value Proposition – Ask Yourself...

- What data do you have available to draw from?
- What relationships can you leverage to get data from the field?
- Do you have enough data to do a formal cost-benefit analysis?

Data and IT: God's Love Example

- Fully HIPAA Compliant
- Use HCFA billing form as requested by plans
- Able to keep track of “meal days” vs. delivery days for billing purposes
- Contract requirements outside of meal program, e.g., health screening, background checks, notification periods



Data and IT – Ask Yourself...

- What data do you have/need to deliver service?
- What data do you have/need to show outcomes?
- What data does the healthcare entity have/need?
- How will you exchange this data adhering to patient privacy laws?
- How will you get outcomes data back?
- Are there pro bono resources that can help you add capacity?

Contracting Negotiations



- **Know what you can do going in:**
 - Are you looking for a smaller project with option to grow? Or can you handle a bigger scale?
 - Do you have the ability to invest in new staff, technology, data collection, etc.?
 - Do you have the ability to deliver on ALL aspects of contract? (name badges, health screening, MIAs, and so much more)
- **Hire appropriate legal counsel**
- **Start the conversation – formal or informal – and then follow up**
- **Understand when you need to walk away**



Q and A

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