ROADMAP FOR HEALTH EQUITY IN NEW YORK CITY

APRIL 2022

Public Health Solutions

INDEX

EXECUTIVE SUMMARY

In recent years, policymakers have increasingly recognized the impact of the social and physical environment on health outcomes and inequities. There is a growing body of evidence showing how people's unmet socioeconomic needs negatively impact health and are often prioritized over preventive healthcare and other positive health behaviors. Despite this awareness, people's typical encounters with the health care system do not identify and address these health-related social needs. Further, government payment mechanisms in healthcare, human services, and public health have been slow to invest in the necessary infrastructure, innovation, and non-medical services needed to effectively address unmet needs and integrate healthcare and community resources at scale. As a result, health equity struggles to advance.

In NYC, this struggle is evident in the following statistics:

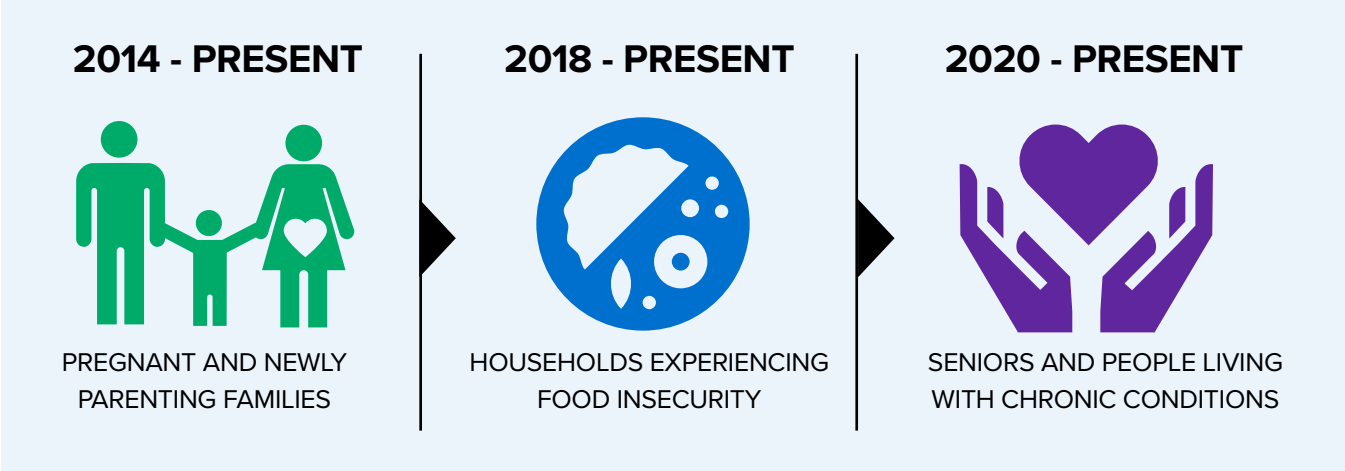
- **An eleven-year difference in life expectancy between the Upper East Side, Manhattan and Brownsville, Brooklyn**
- **An avoidable hospitalization rate in the lowest-income neighborhoods that is two to three times higher than that of NYC overall**
- **Significant and persistent racial and ethnic disparities in incidence, morbidity, and mortality across many diseases and conditions, including COVID-19**

In New York, the Delivery System Reform Incentive Payment (DSRIP) program, a major Medicaid reform effort undertaken from 2014-2019, achieved some improvement in healthcare utilization and costs through crucial reforms to healthcare service delivery. However, the effort revealed that further gains would depend on addressing people's social and environmental conditions beyond the clinical setting. Addressing these conditions in the next phase of Medicaid reform will require improving the policies and practices that support integrating community-based services along the healthcare continuum and building and sustaining successful healthcare-community partnerships.

COVID-19 also revealed hard truths about the impact of structural racism and health disparities in NYC. Just as COVID-19 disrupted how individuals led their daily lives, many healthcare and community-based organizations' (CBOs) ways of providing services were disrupted, requiring rapid transformation. At the same time, the pandemic created tremendous new demands for the resources these organizations offer, such as food and nutrition services, benefits, and housing and cash assistance, resources critical to keeping New Yorkers healthy in their homes and communities. During the first wave of the pandemic, there were limited trustworthy means of connecting people to services, particularly across sectors. To address this challenge, in April 2020, PHS and our healthcare and community-based organization partners, together with the technology company Unite Us, launched a new citywide technology-enabled Community Resource Network (CRN). As of January 2022, over 280 organizations have joined the network offering over 560 service programs.

PHS's experience in building and managing CRNs to respond to community needs started in 2014 with a coordinated intake for pregnant and parenting families and expanded in 2018 to address food insecurity through our Food and Nutrition Services Bundle and in 2020 to include additional populations including low-income immigrant families, seniors, and people living with chronic conditions.

Our goal in developing CRNs is to create reliable connections between healthcare and community



Timeline of PHS Experience Developing Community Resource Networks in NYC

partners so that people receive the right resources, in the right place, at the right time with a commitment to health equity for all New Yorkers.

To have a meaningful impact on health equity, **NYC needs a single city-wide CRN infrastructure that supports all residents.** To inform the development of a city-wide CRN infrastructure, PHS convened a multi-session symposium series to compile key learnings from previous healthcare reform efforts and pragmatic solutions from stakeholders across CBO, healthcare, government, and technology sectors. Through the series, we arrived at the following conclusions:

- **The people we aim to serve must be meaningfully included in CRN development, implementation and evaluation from the beginning.** With the appropriate funding and an equitable level of community voice, community members and CBOs will be a critical element of New York's long term public health infrastructure that ensures all people's needs are met.
- **Significant investment is needed in evidence-based community services to sufficiently scale to move the needle on population health outcomes and health equity.** The infrastructure must be flexible enough to accommodate multiple use cases and funding streams beyond healthcare's value-based payment methodologies.
- **A strong administrative backbone is needed to support critical capacities of network members, such as deploying innovative technology, establishing effective contracts and standard business practices, and ensuring quality and equity of outcomes.** The non-specific contracting requirements established during New York's previous efforts at healthcare reform must be rethought to achieve meaningful progress towards health equity at scale.
- **Health systems and managed care organizations (MCOs) have an essential role to play in identifying populations in need of support, participating in an effective CRN, and purchasing needed services**. However, the system must be built to ensure access to essential services such as food, housing, or transportation is not dependent on membership to a specific healthcare provider or plan. To ensure this, CRN infrastructure should be connected to, but independent from, the healthcare system.

This Roadmap to Health Equity serves as an informed and practical guide with a set of recommendations that sets forth a pathway to continue building this infrastructure. It was developed in collaboration with cross-sector representatives working on the ground in NYC communities, in healthcare, government and technology settings, through our year and a half long Symposium Series Integrating Human Services and Clinical Services with People at the Center. The Series included two sessions to identify key challenges and discuss best-practice models, four small-group "expert sessions" with an objective to determine practical applications for the roadmap, and a final session to outline the specific roles each sector will play in the roadmap's implementation. We hope that you find this to be a useful resource and join us in making this vision come to fruition for NYC in the coming years.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A CITYWIDE COMMUNITY RESOURCE NETWORK INFRASTRUCTURE FOR NEW YORK CITY

Building NYC's Community Resource Network: Four Key Recommendations

At the height of the COVID-19 pandemic in 2020, PHS launched a Symposium Series *Integrating Human Services and Clinical Services with People at the Center* to inform the design of a roadmap to effectively address social drivers of health and advance health equity in New York City. We brought together key stakeholders who individually work along the continuum of care, including government, CBOs, MCOs, hospitals, technology companies and funders to address the systemic inequities that prevent residents from maintaining healthy lives. The learnings from the Symposium along with our own experience developing and managing CRNs since 2014 guided the following key actions to achieve a CRN that integrates healthcare and human services, is accessible and improves health outcomes for all New Yorkers and commits to an equal role for CBOs in delivery system decision-making.

1

Secure diversified, flexible and sustainable funding for a city-wide Community Resource Network that is independent from, yet participates in, New York State's Medicaid program.

2

Create an administrative backbone and infrastructure to support and facilitate the work of diverse Community-Based Organizations at all levels of capacity.

3

Systematically build local community engagement and participation into planning, design, implementation, and evaluation.

4

Employ regulatory methods and advance policy and practices that ensure a favorable technology ecosystem.

1 Secure diversified, flexible and sustainable funding for a citywide Community Resource Network that is independent from, yet participates in, New York State's Medicaid program.

New York City needs a single, flexible, citywide CRN to serve all residents – including Medicaid members, people living with specific vulnerabilities, as well as the undocumented, uninsured, and/or disconnected. A common infrastructure should support specialized offerings to meet specific population needs and local priorities. But given overlapping service footprints of CBOs and healthcare systems, we propose a single shared CRN infrastructure for NYC. With sufficient investment and autonomy, CRNs could develop a broad-based network relevant but not exclusive to Medicaid, making CRNs a pivotal component to the health and human services infrastructure and improving the likelihood of ongoing sustainability through diverse funding streams. Healthcare partners could purchase a unique suite of services from the CRN based on their population health needs and value-based payment priorities, but the use of the network would not be limited to their populations. Universal standards for reporting services and outcomes should be governed by the CRN and aligned with state, network participant, and community priorities.

New York State is seeking a three-year renewal of the 1115 Medicaid Waiver that, if funded, will provide both investment in regional CRNs and additional opportunities for value-based payment (VBP) contracting. The State has proposed changes to Medicaid that address the links between health disparities and systemic health care delivery issues through formation of a Health Equity Regional Organization (HERO) structure and complimentary Social Determinants of Health Networks (SDHNs), that include MCOs and CBOs in their governance as an improvement over the former PPS structure. As an experienced CRN administrator, PHS advocates for infrastructure that: 1) supports participation of CBOs that reflect the full diversity of NYC communities, 2) enables interoperability between systems, 3) improves service access for everyone, and 4) includes intended beneficiaries in its development, implementation and evaluation.

CRNs are the foundation for trustworthy and reliable communication between CBOs and healthcare organizations to allow for real-time referral making with a built-in participant consent and screening process. They offer a sustainable and coordinated approach to delivering care, bridging communities and systems of care, and are centered around a person's holistic needs. Real reimbursement pathways through a robust, citywide CRN will be important for NYC. The 1115 Medicaid Waiver proposal addresses a strategy for the Medicaid population, but not the larger population, and Medicaid-based VBP alone may not be sufficient to support an infrastructure beyond the Waiver renewal period. Therefore, NYS's Medicaid Waiver should support the CRN infrastructure, but not serve as the sole source of funding and guidance, with community representation front and center.

Action Steps

1 Raise start-up capital from government, foundations, corporations, healthcare stakeholders and private individuals and groups to support a diverse funding model:

- **Ensure flexibility for both start-up costs and long-term investments**
- **Diversify options for sustaining SDOH interventions outside of value-based payment arrangements**
- **Prioritize investment in collaborative, person-centered design, workforce development, technology and technology capacity building, clinical integration, and services that address critical equity gaps**
- **Consider a 'Local Wellness Fund' approach as a community-based financing mechanism to advance and sustain use of the selected diverse funding resources**

2-1-1 San Diego, operating a Community Information Exchange to improve the service delivery system in the San Diego area, joined PHS' second Symposium to break down their own strategies to connect human service delivery system with healthcare in their city. Their approach includes a two-part pricing model with a membership fee for infrastructure support and development combined with a service fee for actual service delivery. This approach was analyzed during the "Expert Sessions" series, and stakeholders advised that a membership fee structure would not be a sustainable long-term approach for NYC.

> "Allow flexibility so that people can know what those minimum viable standards are...and there should be a mechanism for capacity building for those smaller organizations as well so that there is a pathway to be able to participate."
>
> Shoshanah Brown, AIRnyc

> "The braided-blended funding model is important because it provides sustainability... we want this to last, this is going to be an important structure that will support New Yorkers and so we need to be thinking about other types of funding aside from what comes from the waiver and potential contracts from healthcare payers."
>
> Carla Nelson, Greater New York Hospital Association

2 Leverage New York State's Medicaid 1115 Waiver Amendment Proposal's infrastructure investment in Community Resource Networks:

- **Position CRNs for investment by multiple government agencies as a pivotal component to the health and human services infrastructure to improve sustainability**
- **Enable healthcare partners to purchase a unique suite of services from the CRN based on Medicaid funding streams, including value-based payments, "in lieu of services," and direct grants**
- **Incorporate universal standards for reporting services and outcomes that align with state, network participant, and community priorities**

3 The Community Resource Network will negotiate payment structures to ensure both access and equity across Medicaid and non-Medicaid supported community organizations.

- **Leverage and expand the CHW workforce, and integrate and standardize navigation between and across healthcare and community sectors**
- **Create payment points based on standardized outcomes resulting from CHW navigation**

The Pathways Community Hub model is a delivery system that provides a unique strategy to supplement healthcare services with social services needed to overcome barriers for those at risk of poor health outcomes, and is in action in several states including Ohio, Michigan, Wisconsin, Washington, Texas and more on the way.

> "Everyone in the state of New York merits the best care and how can the CRN(s) collaborate and make sure that every person gets all of the care that they need. It's not just about overlap, but synergy in making it robust."
>
> Dorella Walters, God's Love We Deliver

For Your Sector

Community-Based Organizations

Actively contribute to the design of flexible funding structures that maximize the value, impact and sustainability of community-based services

Managed Care Organizations

Invest financial resources into partnerships with CBOs that better integrates human services delivery into the care management ecosystem

Hospital/Healthcare

Invest to improve screening and data collection internally on health-related social needs

Technology

Partner with and leverage MCOs for dollars to incentivize data exchange which helps covered and non-covered population outcomes

Philanthropy, Foundations and Government

Fund CBO capacity and systems to partner successfully with healthcare and meet business needs

> "Part of what makes the social determinants of health and community resources so important in this conversation is that they are often a bridge to accessing medical care, but there is very little reimbursement for that bridge – these networks should be able to address that."
>
> Sharen Duke, The Alliance for Positive Change

2 Create an administrative backbone and infrastructure to support and facilitate the work of diverse Community-Based Organizations at all levels of capacity.

CRNs should be operated by a single supportive backbone organization ("lead entity") in each defined region, including NYC, that institutes uniform equity practices and measures across all actors in the network. CRN lead entities should implement, drive, and monitor CBO network participation in their region, as well as provide CBO capacity-building services to support their participation in healthcare contracting. CRN lead entities should establish a single infrastructure in each region, including technology and data standards for social factors and health equity that align with those endorsed by NYS. But within that standardized infrastructure, the CRN lead entity's offerings should be collaboratively prioritized, designed, developed, and negotiated in partnership with local CBOs and community stakeholders who should play an advisory role in the CRN's development. Additionally, lead entities should have the capacity to manage all network contracts, payment transactions, data reporting, and quality. The lead entity should be empowered to implement standardized contracting and payment methodologies for the evidence-based services provided and ensure network performance and quality.

> "A lead entity's role is to help to balance the power inequities that exist."
>
> Kevin Muir, Riseboro Community Partnership

ROLE OF A NETWORK BACKBONE

Network Development and Design

- Bring together relevant, evidence-based community resources that resolve unmet population needs
- Facilitate stakeholder participation in planning and design
- Use effective tech platform to support referral coordination, measurement, and quality improvement

Contracting

- Establish flexible, performance-based contracts with network of CBO partners
- Conduct comprehensive contract monitoring
- Incorporate evidence-based services into bundled and value-based payment contracts, wherever possible

Data and Quality Management

- Apply use cases established with NYeC to scale SDOH data exchange in NYC
- Provide infrastructure for secure, compliant data sharing, management and analytics
- Support network to incorporate screening and assessment tools and health equity outcome metrics

Payment

- Deploy a payment platform that efficiently pays organizations and supports network performance

Capacity Building/Tech Assistance

- Develop and standardize CHW and other critical workforces that support integration
- Provide capacity building, infrastructure, and training necessary for healthcare and VB contracts
- Support service delivery, documentation and reporting

Action Steps

1 **Establish a regional lead entity for the Community Resource Network with a clearly defined role and scope of work, ensuring uniform equity practices and outcomes across all partners in the network.**

2 **Ensure capacity development that strengthens community-based organizations and community resources for the long-term. Community Resource Network Lead Entities should be empowered to:**

- **Work collaboratively with CBOs and community stakeholders in the design, development, and negotiations of the CRN**
- **Implement, drive, and monitor CBO network participation in their region, as well as provide CBO capacity-building services to support innovation and participation in healthcare contracting**
- **Establish a single infrastructure in each region, including technology and data standards for social factors and health equity that align with those endorsed statewide and nationally**
- **Manage all network contracts, payment transactions, data reporting, and performance quality**

For Your Sector

Community-Based Organizations

Inform best practices and models for community centered work as well as ensuring standards of quality and serve checks for accountability for other stakeholders

Managed Care Organizations

Support reliable pathways for members to access CRN and CBOs at all levels of capacity

Hospital/Healthcare

Co-create CBO partnerships that effectively engage populations who are high acute care users in preventive services and care

Technology

Serve CBOs in a “shared lens” model to focus on collaborative work in the contexts of data sharing and exchange

Philanthropy, Foundations and Government

Advocate for CBOs in terms of coverage for administrative cost and network participation

3 Systematically build local community engagement and participation into planning, design, implementation, and evaluation

To appropriately support NYC's diverse populations with differing needs based on where people live, age, and work, CRN decisions should be continuously informed by local CBOs community stakeholders, and the people directly served by the network. To ensure uptake of services in priority neighborhoods, the CRN lead entity should establish community-led planning groups to set local priorities, work with local healthcare providers to develop effective workflows, ensure meaningful clinical integration, and engage local community members in quality and evaluation activities. Planning groups should have a clearly defined decision-making role, agreed upon with the CRN Lead Entity serving that region. NYC has tremendous community diversity at the local and hyperlocal levels. Through PHS' experience designing CRNs, we have found that local planning and collaborative design among health and human services providers and end-users of the system is essential to referral flow and successful enrollment and engagement in community-based services.

> "[Think] about anchor organizations, community-based organizations that have those trusted local relationships and have already established stakeholder feedback loops that can be leveraged. Those known representative, grassroots organizations could be local leaders and then liaise with the broader network as a way of building on what's there, what's been created, the investments that exist and relationships people already have."
>
> Heidi Arthur, Health Management Associates

Action Steps

1 Establish community-led planning groups that include intended beneficiaries of the network.

- Include representatives from across sectors who reflect the communities and populations to be served
- Support resource prioritization informed by local constituents, in collaboration with regional planning processes
- Work with local healthcare providers to develop effective workflows that ensure meaningful and culturally relevant integration
- Engage local community members to understand experience, quality, and to participate in evaluation activities

2 Create a clearly defined role and scope of decision-making in partnership with planning groups.

- Each group will be instrumental in ensuring a collaborative design among health and human services providers for effective referral flow and successful enrollment and engagement in community-based services

3 Engage planning groups in defining and evaluating quality and outcomes, including impact on health equity.

For Your Sector

Community-Based Organizations

Lift up the voices of your community and establish relationships with health care systems to play an active role in CRN planning

Hospital/Healthcare

Leverage patient-provider relationships to engage in conversations about non-medical drivers as well as co-designing community service plans with CBOs to support participation in design, implementation and evaluation

Philanthropy, Foundations and Government

Support planning and design of the network, as well as advocating for needed changes

Managed Care Organizations

Leverage population health data analytics to provide meaningful, community-level insights in support of design, implementation and evaluation

Technology

Use technology and analytics to determine what the healthcare continuum is for our most disadvantaged populations


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4 Employ regulatory methods and advance policy and practices that ensure a favorable technology ecosystem.

Technology companies have been competing to enter the Medicaid market in New York State in recent years, causing healthcare systems and managed care organizations to invest in a multiplicity of solutions. This has left CBOs in the difficult position of using multiple platforms, resulting in duplicative data entry and costing unimaginable hours in lost time and effort. Effective data exchange or transfer and technology-enabled communication between systems is necessary for people to move seamlessly and effectively between health care systems and CBOs.

Action Steps

1 The State should ensure that technology companies seeking to receive Medicaid funds directly or indirectly meet specific business requirements and align with federal-level interoperability standards.

- **The Office of the National Coordinator for Health Information Technology (ONC), the federal agency leading healthcare IT efforts, has released guidance on integrating these standards. These should be required to be a part of each Medicaid-participating technology company's roadmap with ambitious and measurable timelines with clearly defined milestones to ensure accountability.**

2 To ensure that network and technologies conform to the standards of the Health Information Exchange and enable standardized, platform-agnostic data exchange, the Community Resource Network Lead Entity should:

- **Work closely with the New York eHealth Collaborative (NYeC) to develop and implement a trusted framework for collaboration. NYeC leads the Statewide Health Information Network for New York (SHIN-NY), connecting healthcare entities across the state. Provide the following technical assistance to CBOs in implementing a technology infrastructure:**
  - Establish a single technology ecosystem and roadmap for the region that is compatible with the requirements for healthcare partnerships and reduces system redundancy
  - Support uptake of technologies that are highly interoperable and include critical case management, closed-loop referral, and population health capabilities
  - Create communication channels to ensure workforce user feedback informs technology development
  - Develop and conduct 'Best Practices' trainings for using platforms
  - Provide training and technical assistance the builds HIPAA and other regulatory compliance capacity

3 Ensure an equitable data ecosystem with a long-term goal of a Community Information Exchange.

- **A Community Information Exchange (CIE) is defined by 2-1-1 San Diego as "an ecosystem comprised of multidisciplinary network partners that use a shared language, a resource database, and an integrated technology platform to deliver enhanced community care planning."**
- **We envision a CRN that:**
  - Communicates between systems allowing them to receive and provide data
  - Documents consent, screenings, assessment, service utilization and quality and equity outcomes that communicates between and improves system workflows
  - Includes a shared 360-degree view of individuals and families, with consent, and a user-friendly way to make and receive closed-loop referrals

With a long-term goal of growing a CIE for NYC alongside the CRN, PHS envisions a future where health data is a community good that can be used to identify issues and opportunities to improve the health and human services delivery system of our city.

> "We must go beyond integrations and support true interoperability with USCDI version 2, we must respect true per-referral consent models so we can protect the dignity of those in need, and we must respect CBO Choice, meaning they can work in the systems they prefer without forced contracts. These principles reduce burden on people and organizations, and encourage collaboration among stakeholders."
>
> Jaffer Traish, FindHelp

> "At Unite Us, we believe that health is rooted in community. A shared technology infrastructure connects health and human service providers to holistically provide people with the care they need when they need it, while creating meaningful and sustainable cross-sector and citywide partnerships. Ultimately, we see a future where New York is addressing all systemic issues at their root causes, strengthened by the Unite NYC community to propel health equity into the future."
>
> Marc Natale, Unite Us

For Your Sector

Community-Based Organizations

Leverage strategic partnerships with stakeholders along the continuum of care to fund and build organizational IT capacity

Hospital/Healthcare

Agree upon screening tools and improve providers' coding practices to lay the groundwork for future success as well as collectively advocate for HIPAA law that facilitates collaboration across sectors, and advocate for policy and practice that supports interoperability

Philanthropy, Foundations and Government

Develop funding frameworks and implement policy changes that improve interoperability and build the technological capacity of CBOs to participate in a citywide CRN infrastructure

Managed Care Organizations

Train CBOs on how to put information into their existing system and report out in a universal template that would be desirable for payment and evaluation

Technology

Prioritize the development of an efficient technology ecosystem that creates a robust community, which addresses and identifies needs while being able to evaluate the NY state's progress in real time to interoperate effectively

ABOUT PUBLIC HEALTH SOLUTIONS AND THE SYMPOSIUM SERIES

Health disparities among New Yorkers are large, persistent and increasing. Public Health Solutions exists to change that trajectory and support New Yorkers in achieving optimal health and building pathways to reach their potential. We are unique in our ability to provide boots-on-the-ground services in high-need communities, serve as a conduit of accountability for hundreds of community-based organizations tackling major public health issues across the five boroughs, and bridge the gap between healthcare and communities. We focus on a wide range of public health issues including food and nutrition, health insurance, maternal and child health, sexual and reproductive health, tobacco control, and HIV/AIDS.

In November 2020, PHS brought together over 50 leading experts from community-based organizations, government, healthcare, health systems and corporations for a three-part Symposium Series, *Integrating Human Services and Clinical Services with People at the Center*. The goal of the Symposium has been to inform the design of a new framework, including core components of a person-centered infrastructure, to effectively address social determinants of health towards achieving health equity in New York City.

The series brought together diverse stakeholders from across the continuum of care (local government, healthcare, managed care, CBOs, and technology companies) to address the systemic inequities that prevent New Yorkers from accessing good health. The first session focused on key challenges: lack of infrastructure, a fragmented and siloed care system, and issues of data collection, exchange, and accountability. The second session brought in successful models from across the country (San Diego 2-1-1, Camden Coalition, and Pathways Community Hub) to consider what might be applied in NYC. In order to develop a health equity roadmap to address SDOH in NYC, PHS held four “Expert Mini Sessions” in September 2021 to define practical implications for implementing a CRN in NYC. Each session was structured with its own theme and small in-depth group discussions with expert CBO, healthcare, and tech representatives. The themes and discussion areas make up the foundation of this roadmap. At the third and final session, PHS launched the Roadmap and next steps to advance CRN planning and development in NYC.

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