

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



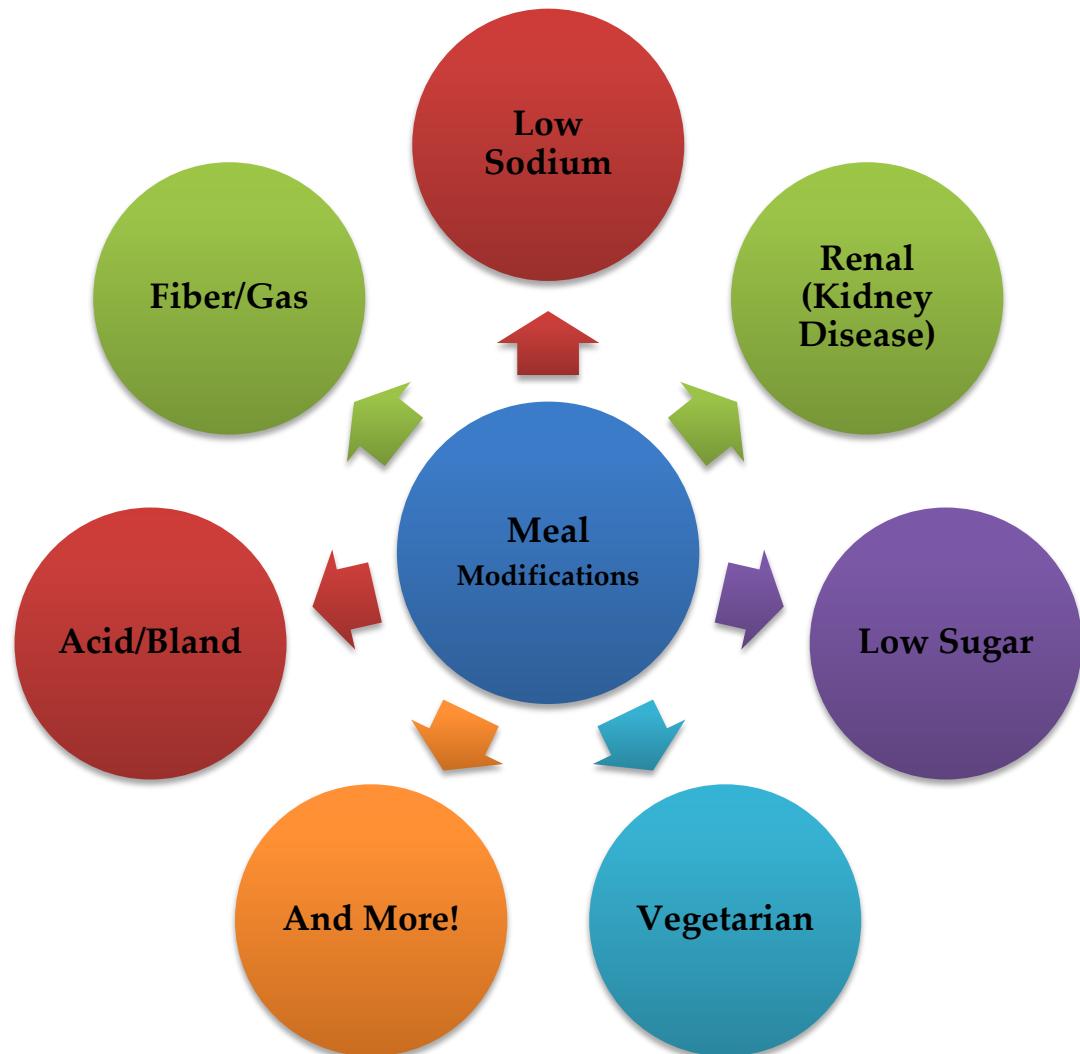
Mission in Action

- 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

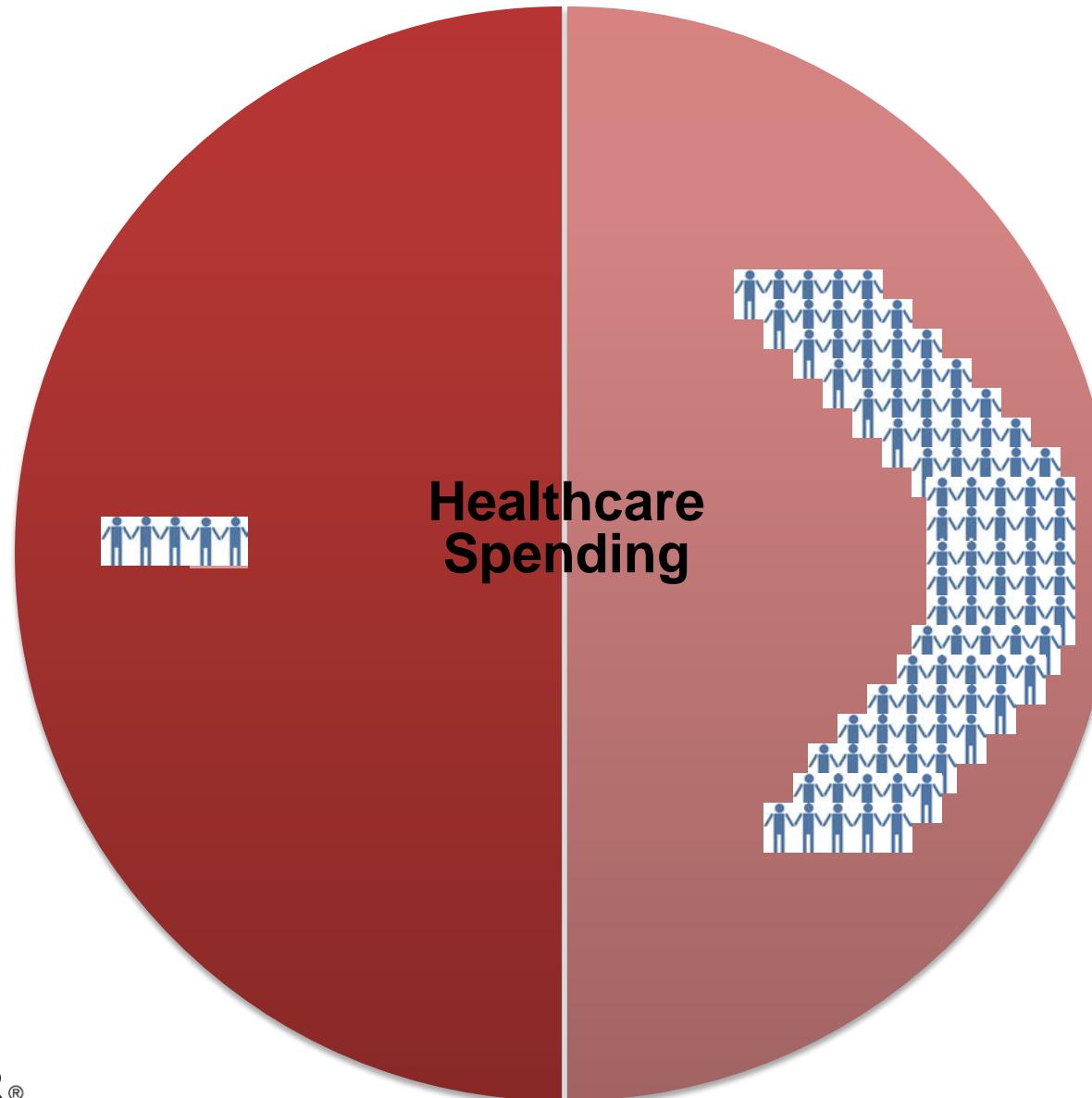


Medically Tailored Meals (MTM)

- 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

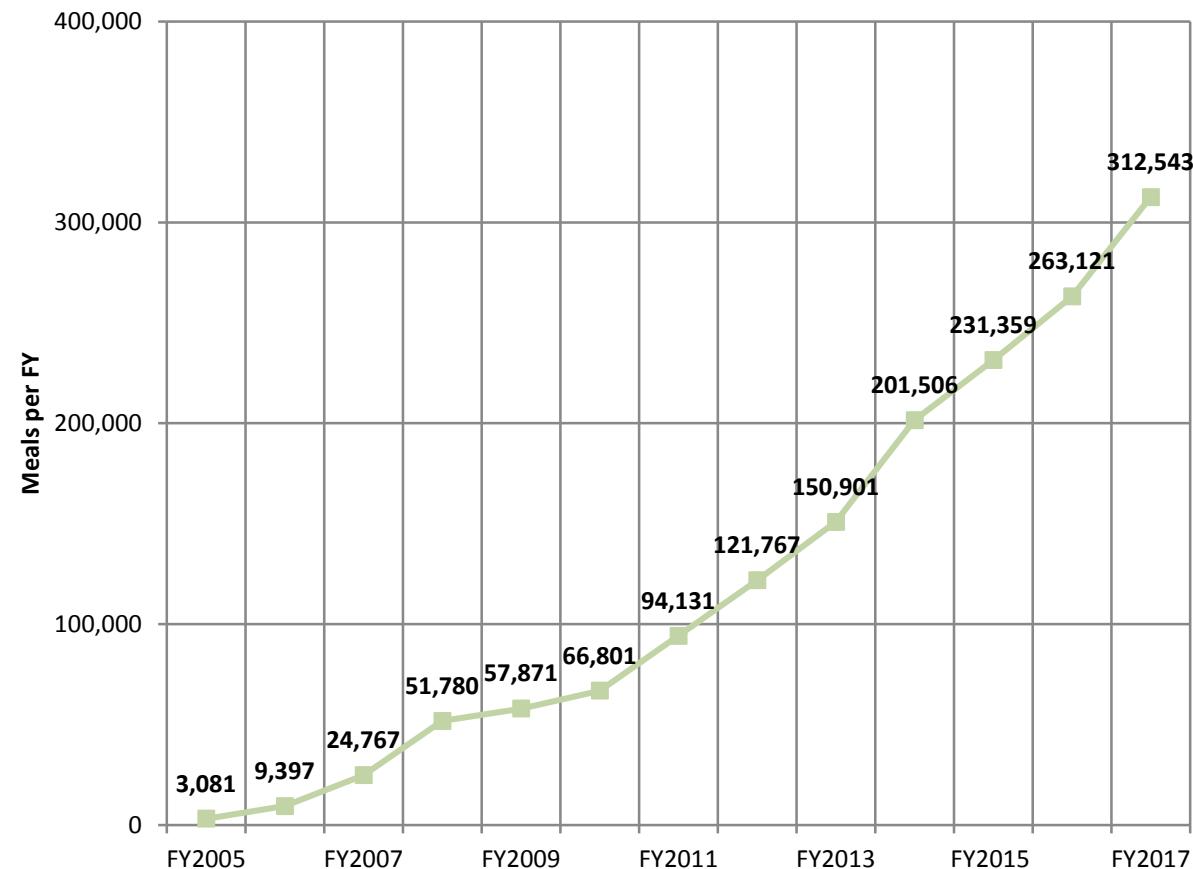


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Community Partners Program

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

Community Partner Program Growth
FY2005-FY2017



Value Based Payment



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God's Love We Deliver and VBP

- Part of DSRIIP 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?



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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 referi
 - Open Houses/webinars
 - Daily notification of MIAs



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Identify

Authorize

Nourish

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



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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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