

## (A) Identify an SDH Intervention

VBP contractors may decide on the type of SDH intervention (from size to level of investment) as long as the intervention aligns with one or more of the five key domains of SDH outlined in the SDH Intervention Menu Tool:

- (1) Economic Stability
- (2) Education
- (3) Social, Family, and Community Context
- (4) Health and Health Care
- (5) Neighborhood and Environment

VBP contractors may choose an intervention from the SDH Intervention Menu, or may implement a different intervention that is not on the Menu.

### Resources to Select/Develop an Intervention

- The [SDH Intervention Menu](#) provides examples of evidence-based SDH interventions
- Additional Resources:
  - [Health Impact in 5 Years Interventions from CDC](#)
  - [Prevention Agenda: Evidence Based Interventions](#)

### Tailoring the Intervention to the Needs of Your Community

- Performing a community needs assessment (CNA) is critical in order to develop an intervention that improves outcomes and generates savings
  - The DSRIP CNAs (available [here](#)) can provide a starting point
- VBP contractors should consider the population their intervention will serve and how that population aligns with the VBP arrangement they are contracting
  - Ex: Nutritional counseling and access to healthy food for diabetics aligns with the Integrated Primary Care (IPC) arrangement which includes diabetes as a chronic condition

## (B) Implement an SDH Intervention

### Explore Options for Financing

Implementing an intervention often requires upfront investment. Engage relevant VBP stakeholders to come to the table with financing opportunities; the VBP Roadmap mandates that: *“Providers (including CBOs)...will be incentivized by MCOs upfront to identify one (or multiple) social determinant(s) and be financially rewarded for addressing them....”*

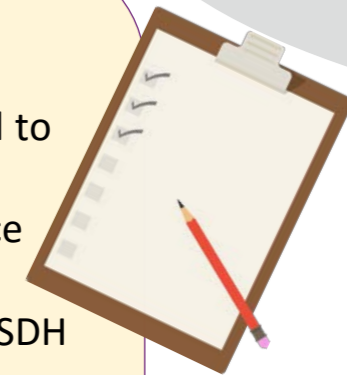
- Level 1 Providers will get an additional bonus if addressing one SDH
- Level 2 and 3 providers will receive a funding advance (investment or seed money) if they commit to addressing one or more SDs. This funding advance will provide financial assistance to the provider investing in an intervention” (p. 42).

### Measuring Success

- Interventions should have metrics identified to track impact on health outcomes and demonstrate success. For example, tracking the reduction in hospitalization of the population impacted by an SDH intervention.
- The savings that an intervention generates should be tracked and monitored to demonstrate a return on investment to VBP Contractors and MCOs

## (C) Report an SDH Intervention to the State

- Interventions should be measurable and able to be tracked and reported to the State via the SDH Intervention Template
  - The SDH Intervention Template can be found on the VBP Resource Library ([link](#))
- Plan VBP contracts submitted to the State for review should include the SDH Intervention Template
- Plan VBP contracts submitted to the State for review must be submitted with a completed DOH-4255 certification form; Community Based Organizations (CBOs) that are contracted to implement an SDH Intervention should be manually identified in Section C in the area designated “Other.”



## SDH Intervention Success Stories

### **God's Love We Deliver (GLWD) – Nutrition Intervention**

#### Implementation

- GLWD contracts with 30+ Managed Long Term Care (MLTC) plans to deliver >300,000 meals to MLTC members annually
- Has seven (7) registered dietitians on staff who tailor meals for clients
- Delivers 1.7 million meals per year to ~7,000 clients

#### Outcomes

- Feed someone for ½ a year for the same cost as one hospital stay
- Reduced hospitalizations by up to 50% (compared to similar patients not on nutrition intervention program)
- Increased medicine adherence by 50%

[Link to Video of Success Story](#)

### **Empire Blue Cross Blue Shield HealthPlus – Supportive Housing**

#### Implementation

- Collaborated with Bronx Health and Housing Consortium, this supportive housing network helped identify and place super-utilizers into housing
- Empire used homeless and utilization data to narrow down to four (4) members during the first pilot year

#### Outcomes

- 95% decrease in Emergency Room utilization for housed members
- 80% decrease in number of inpatient days for four (4) members during pilot year
- \$160,000 cost savings during pilot year

[Link to Video of Success Story](#)

## Intervention Strategies



### Start Small then Scale Up

- Plans will likely want to initially invest in low, upfront costs related to SDH interventions
- Providers (including Community Based Organizations (CBOs)) should consider a phased approach—pilot a small population upfront, realize early gains
- In the future, scale up to a larger population with larger potential gains after being able to demonstrate to the Plan cost savings



### Consider Implementing Two VBP Requirements at Once

- A Tier 1 CBO may be contracted to help implement an SDH Intervention
- Doing this would satisfy two VBP requirements for Level 2 and 3 arrangements:
  - 1) Implementing an SDH Intervention
  - 2) Including a Tier 1 CBO as part of the VBP arrangement



### Harness Data to Target Specific Members

- Use data to inform which members in a community may be best served by an SDH intervention. Consider identifying and targeting a small cohort with the most need before graduating to other populations
- Understanding data on social determinants of health including, but not limited to: income, educational level, and employment to help focus efforts to improve community health
  - The CDC has published [data tools related to SDH](#)
- Consider using utilization data to identify members that have high rates of hospitalizations and high cost—targeting these members could result in savings. Work with Plan and/or Provider partners to access utilization data