

# Medicaid in New York: Fostering Equity During a Time of Crisis

---

United Hospital Fund Annual Medicaid Conference  
GoToWebinar Live Webcast  
July 15, 2020



**@UnitedHospFund - #UHFMedicaid20**

**Presented with Support From The Commonwealth Fund**



# Primary Care as a Catalyst for Equity

---

 **@UnitedHospFund - #UHFMedicaid20**

Presented with Support From The Commonwealth Fund



# Primary Health Care as a Catalyst for Health Equity

UHF 2020 Medicaid Conference  
July 15, 2020

---

Laurie Zephyrin, M.D., M.B.A., M.P.H.  
Vice President, Delivery System Reform  
The Commonwealth Fund



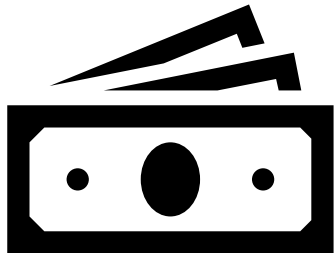
# Evidence shows that high-quality primary health care is associated with...



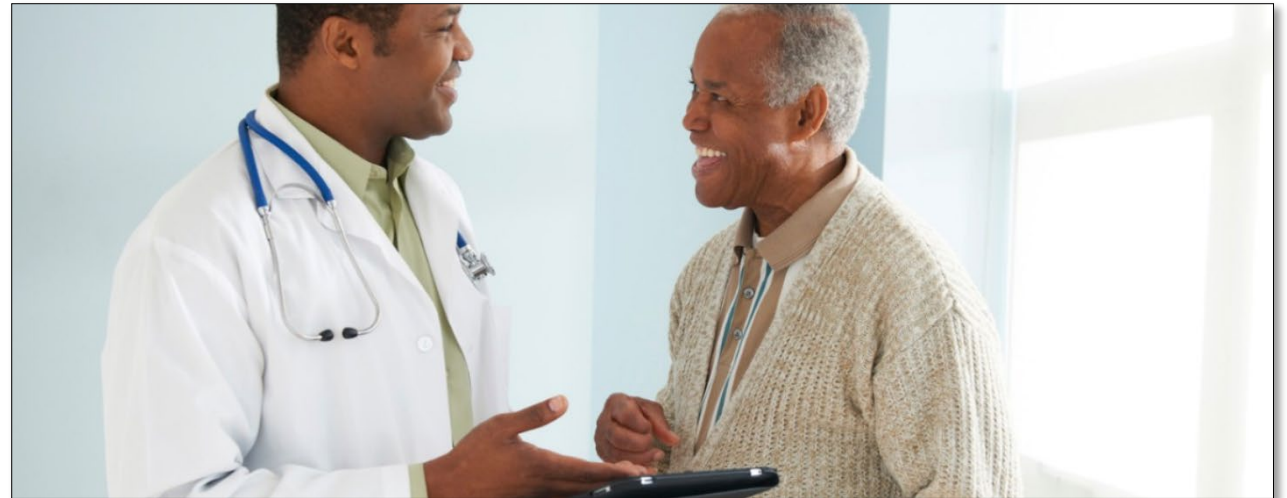
**Improved Health  
Outcomes**



**Decreased Health  
Disparities**



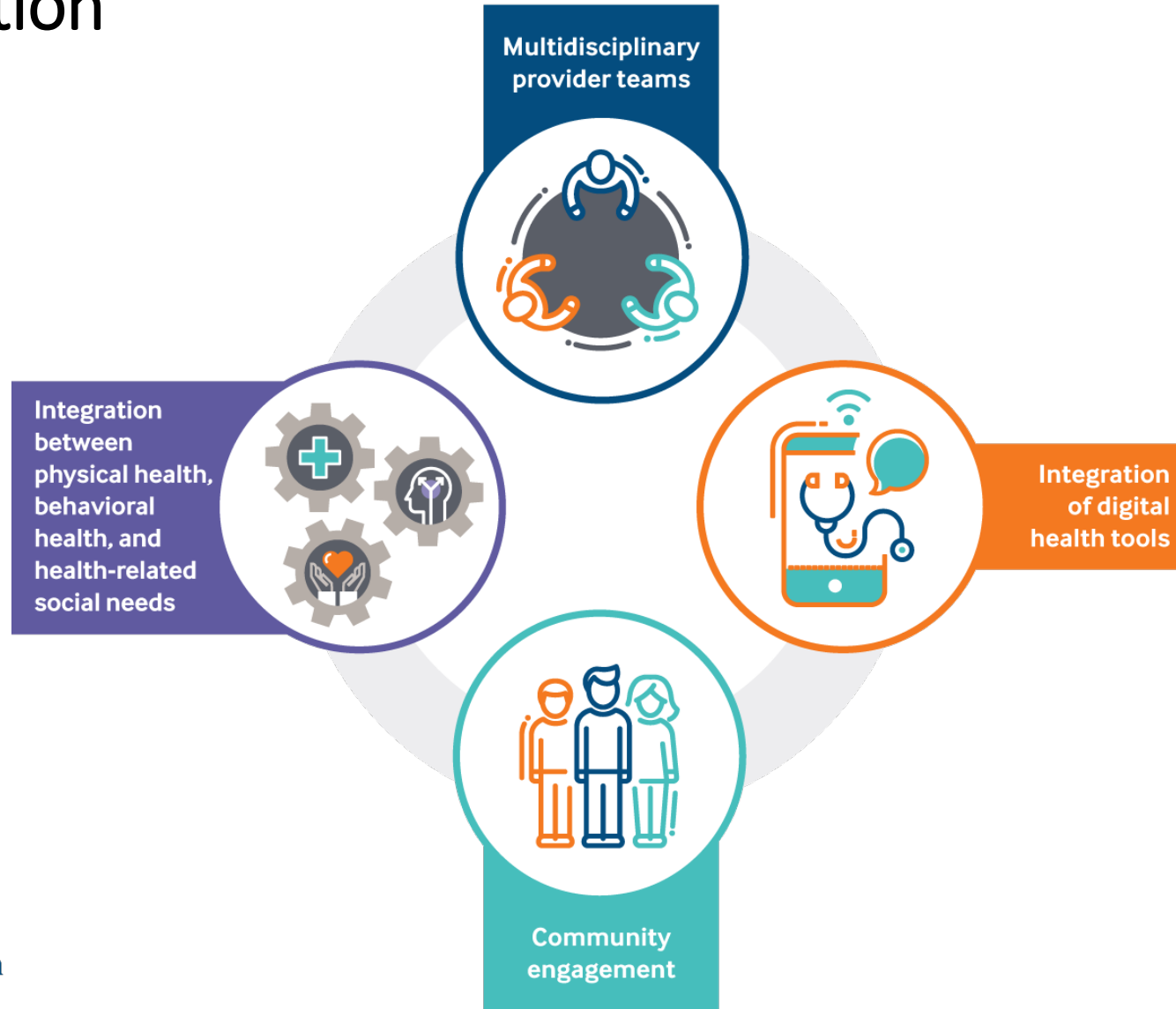
**Reduced Health Care  
Costs**



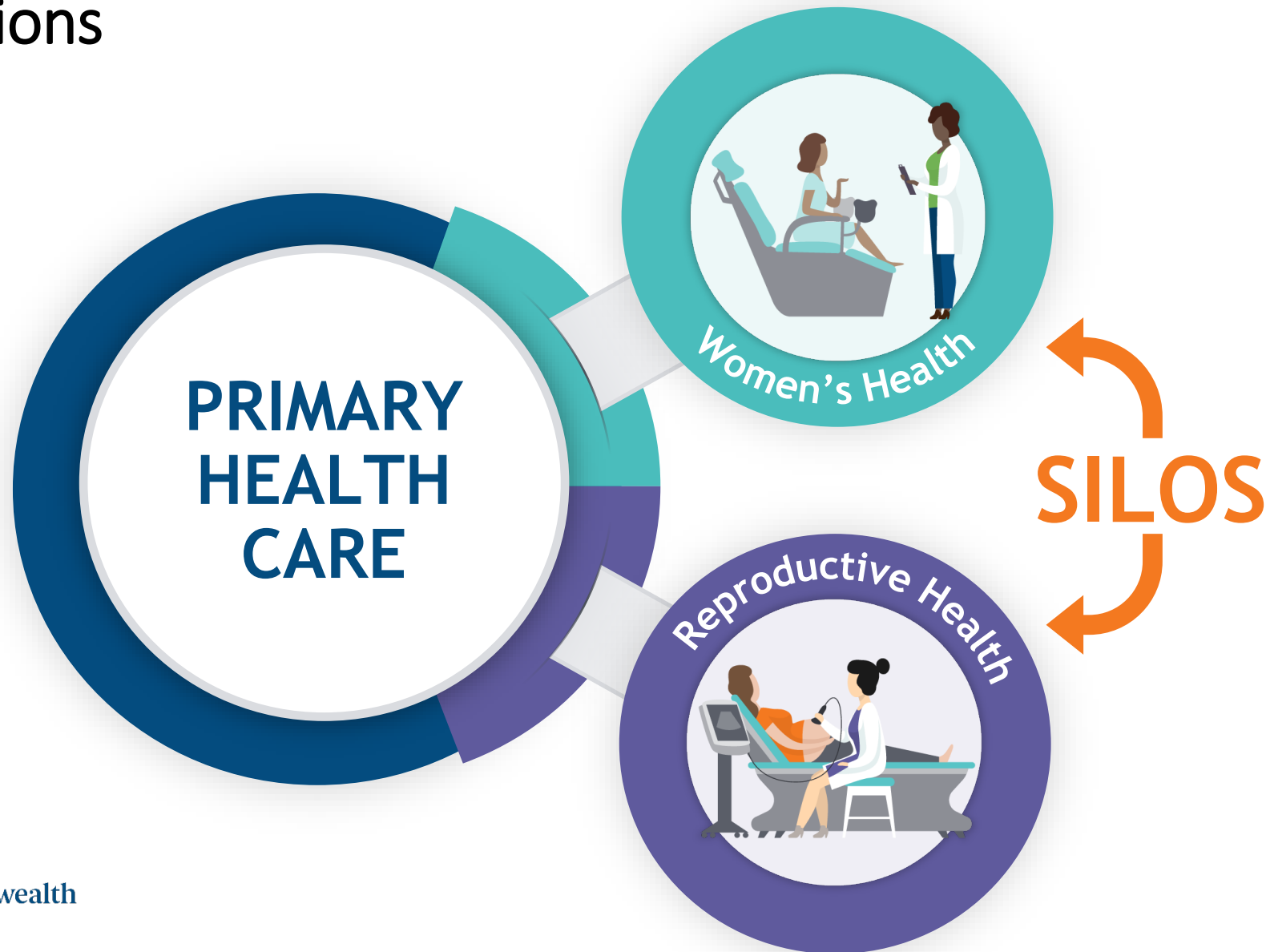
Sources: Leiyu Shi, *The Impact of Primary Care: A Focused Review*. Hindawi. Dec, 31, 2012

Arnett, et al, *Race, Medical Mistrust, and Segregation in Primary Care as Usual Source of Care: Findings from the Exploring Health Disparities in Integrated Communities Study*. Journal of Urban Health. 2016

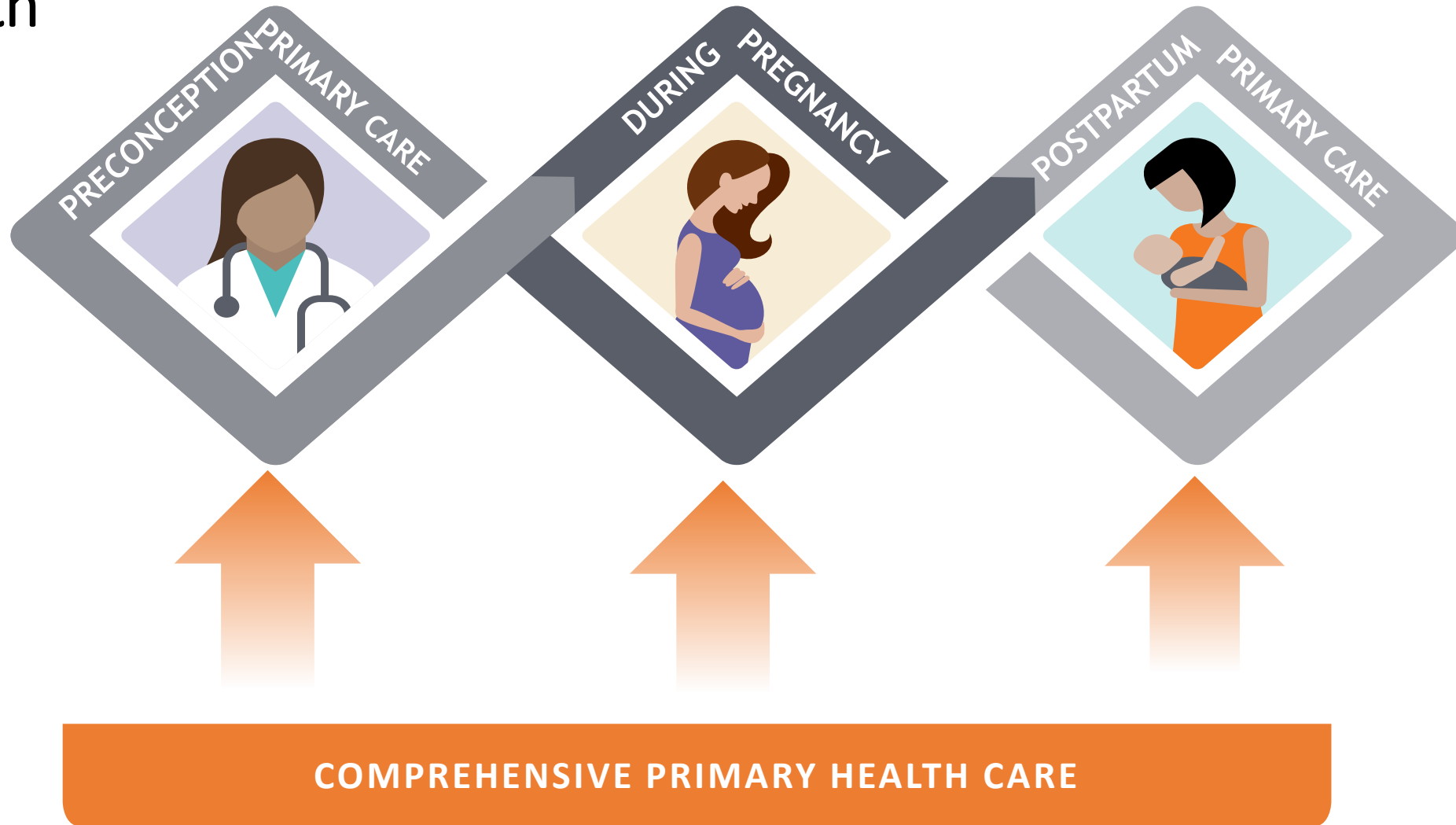
# Primary health care with these key attributes can reduce fragmentation



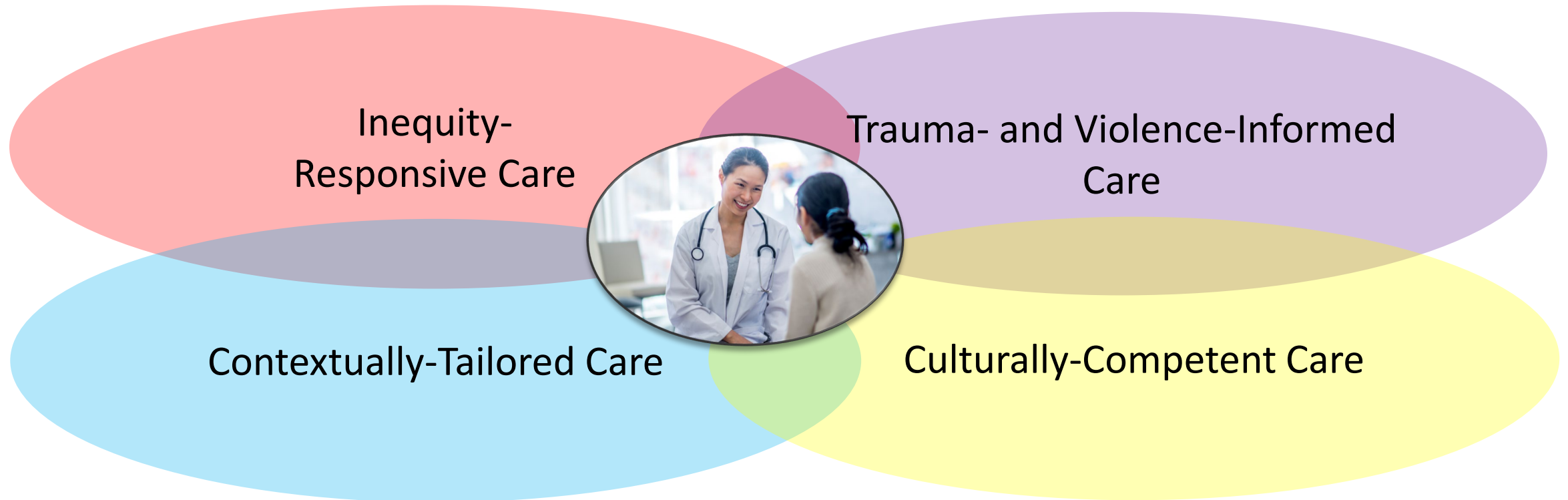
Primary health care can be tailored to meet the needs of specific populations



# Primary health care can be a catalyst to equity in maternal health

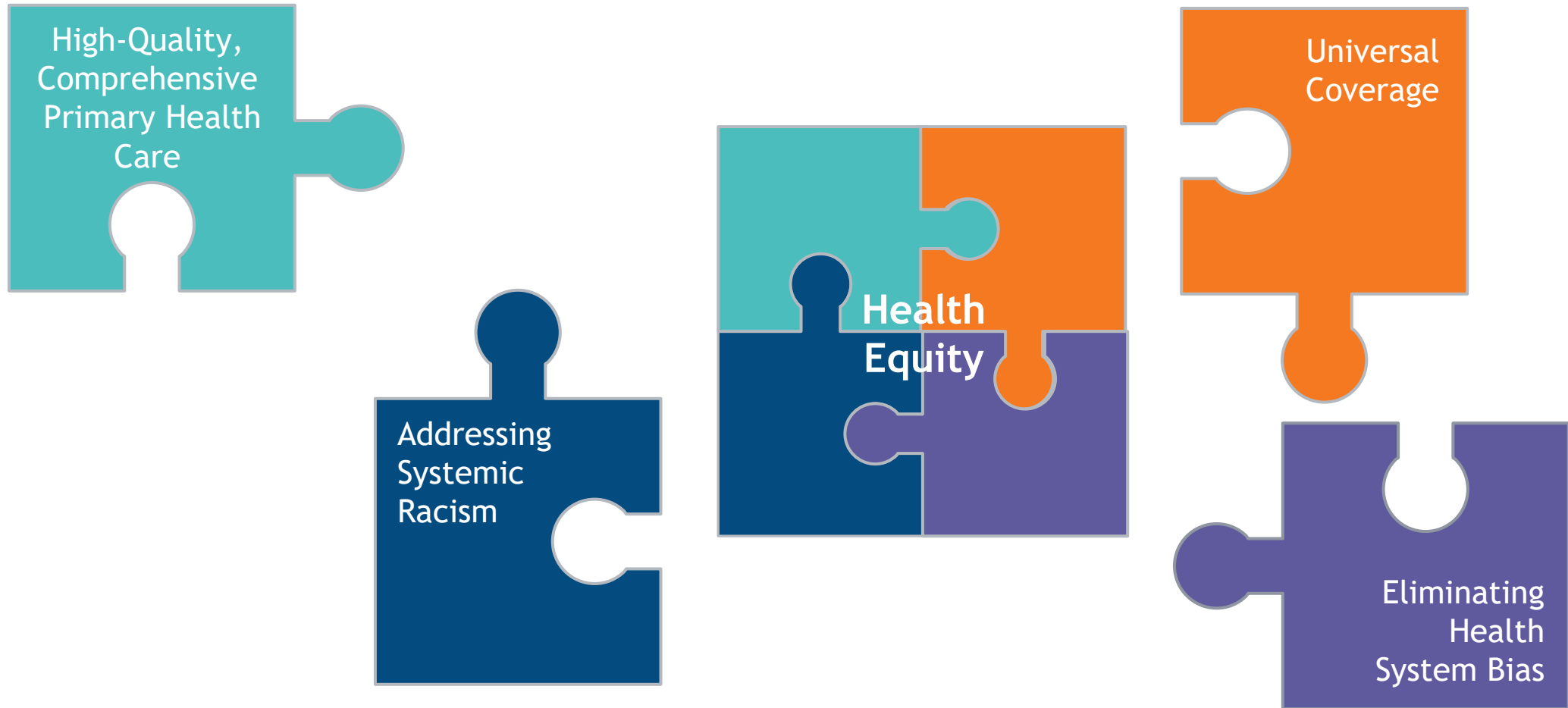


# Beyond integration, we need to consider the many dimensions of equity-oriented primary health care services





# Primary health care is still only one piece of the puzzle



Structural Policy Changes



**Dr. Kimberly Kilby**  
Senior Leader,  
Regional Medical Director



**35** years

experience as a leading not-for-profit health insurance company



A personal brand promise

health insurance built around



**700,000+**  
members

**1million+**

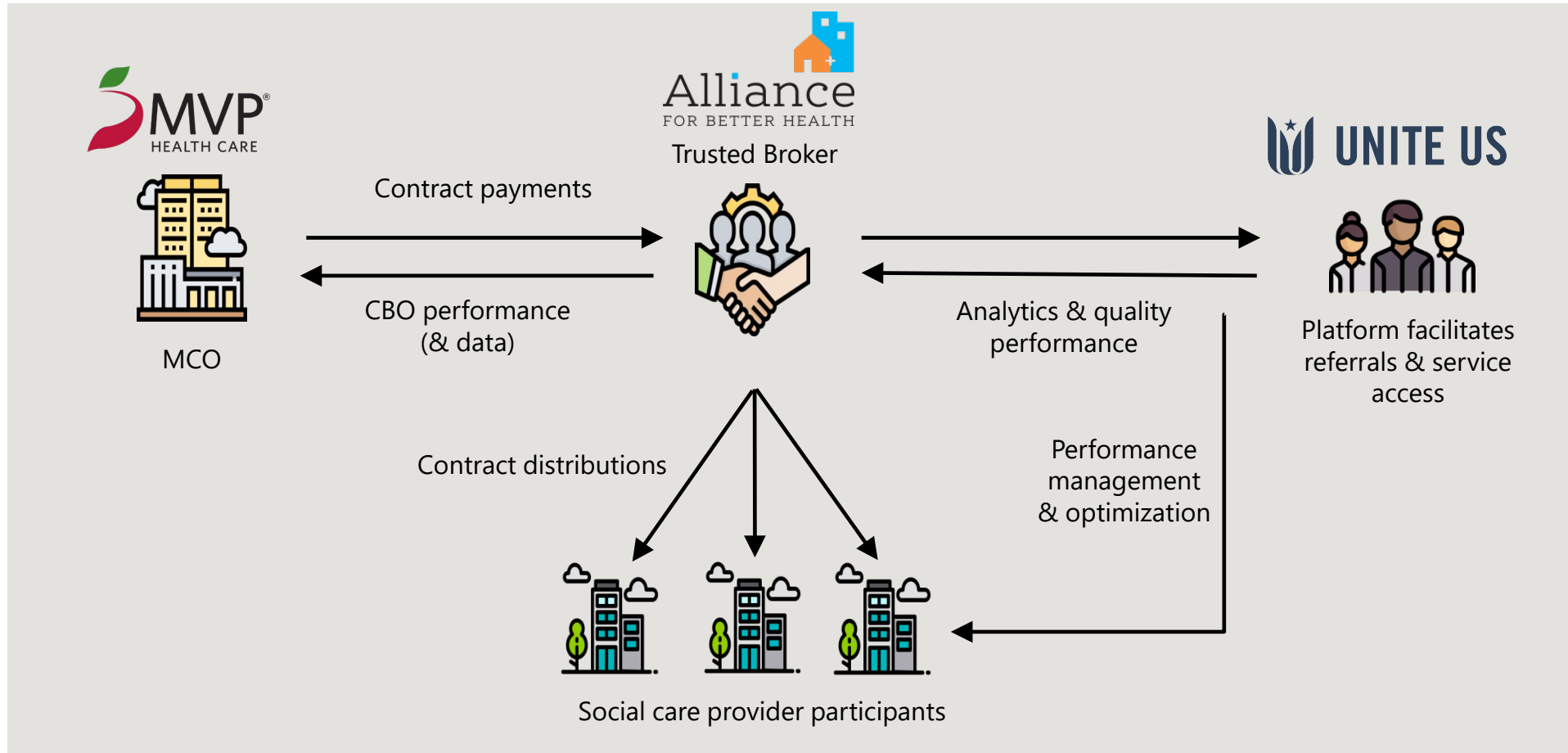
Doctors, specialists and hospitals from coast-to-coast



“At MVP, we understand the important role that social factors can have on a person’s overall health and how those influences can effect short and long-term outcomes.

Investing in the underlying social, economic, and environmental factors that contribute to an individual’s health, reinforces our commitment not only to the overall health and wellness of our members, but to the entire community.” -Christopher Del Vecchio, CEO

# First-of-its-Kind Partnership to Fund CBOs to Address Social Determinants of Health



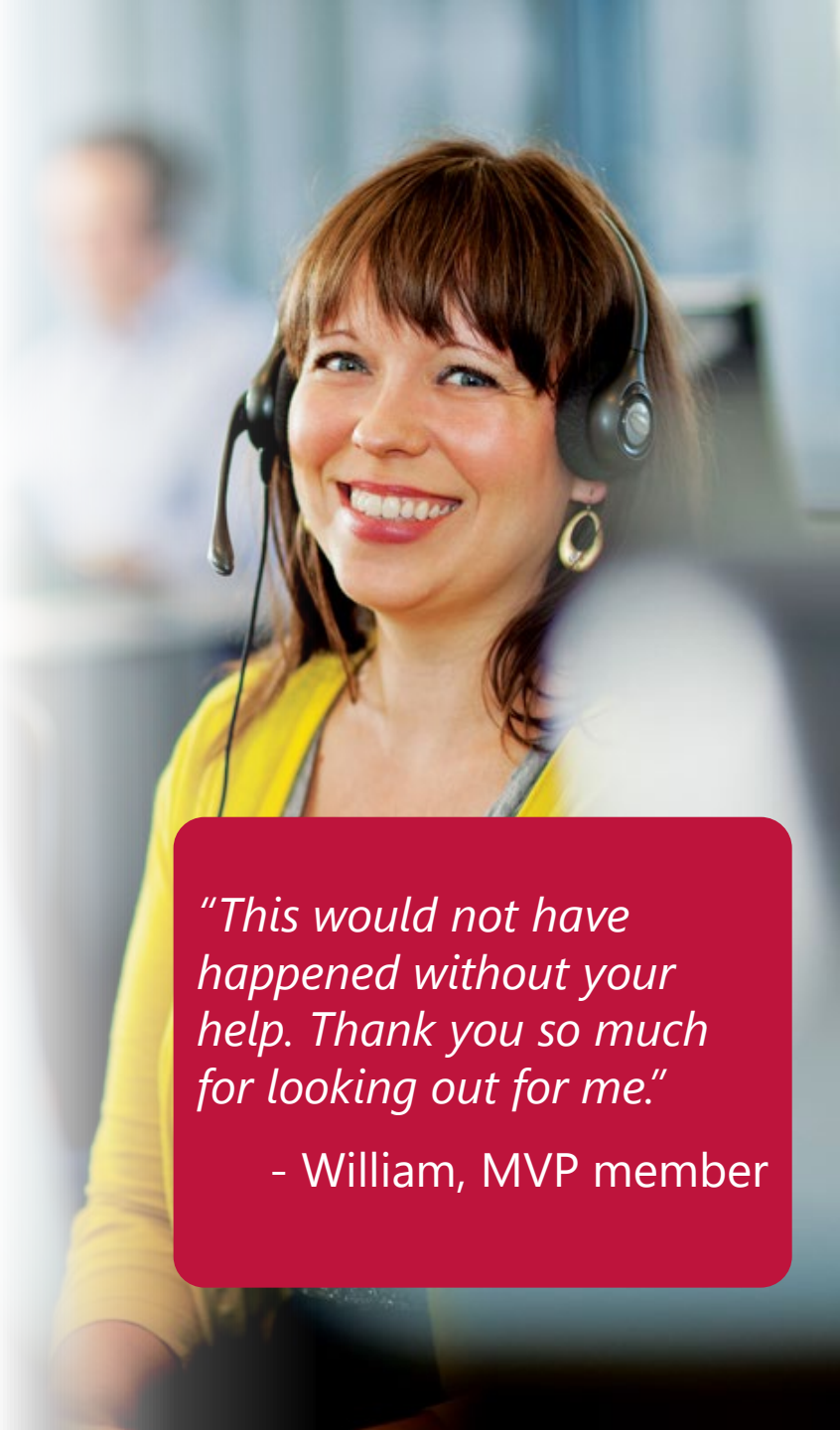
## MVP's CBO Partners



# COVID-19 Member Outreach Campaign

## Providing Education; Helping Address Needs

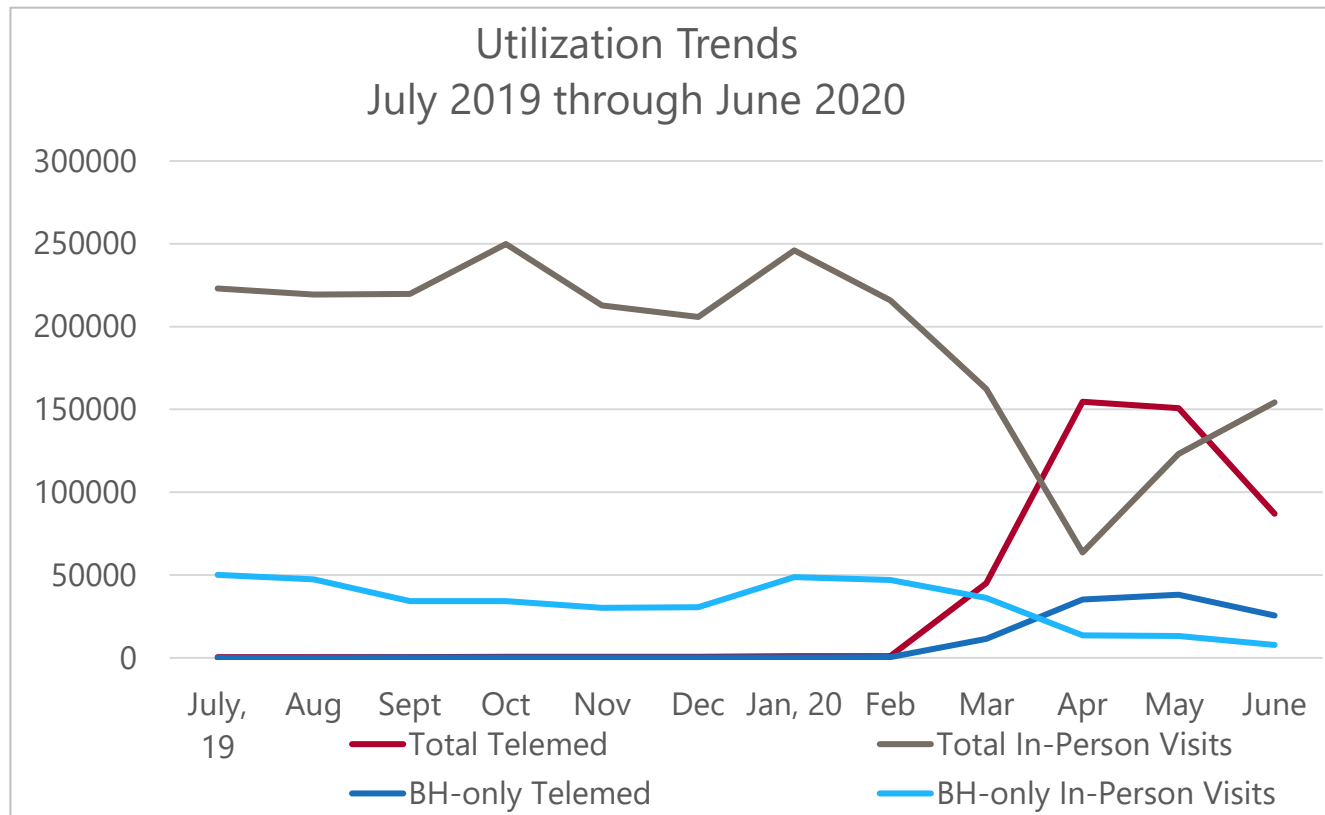
- More than 100 employees trained on Psychological First Aid, then called members to discuss:
  - How are you doing?
  - COVID-19 preventive measures
  - Medication, supply needs
  - Food, transportation, and family support
  - Connect with resources, supply food and care packages
- Calls placed to >70,000 at-risk members in 8 weeks
  - Medicare
  - Medically Fragile
  - Utilizing adult day health, private duty nursing or home care
  - Use of ventilator, tracheostomy, or oxygen
  - Transplant program participants



*"This would not have happened without your help. Thank you so much for looking out for me."*

- William, MVP member

## COVID-19 Utilization Impact: Telemedicine vs. In-person



MVP waived member cost-share for all telemedicine visits, including mental health

Data includes:

- Provider-based telemedicine, telemental health, and telephonic visits
- 24/7 telemedicine services like myVisitNow<sup>®</sup> and myERnow<sup>SM</sup> for urgent care services and COVID-19 symptoms

# Primary Care As A Catalyst for Equity

Provider Group Perspective

Navarra Rodriguez, MD  
President and Chief Medical Officer  
AdvantageCare Physicians





Each individual patient  
Each special family  
Each unique neighborhood



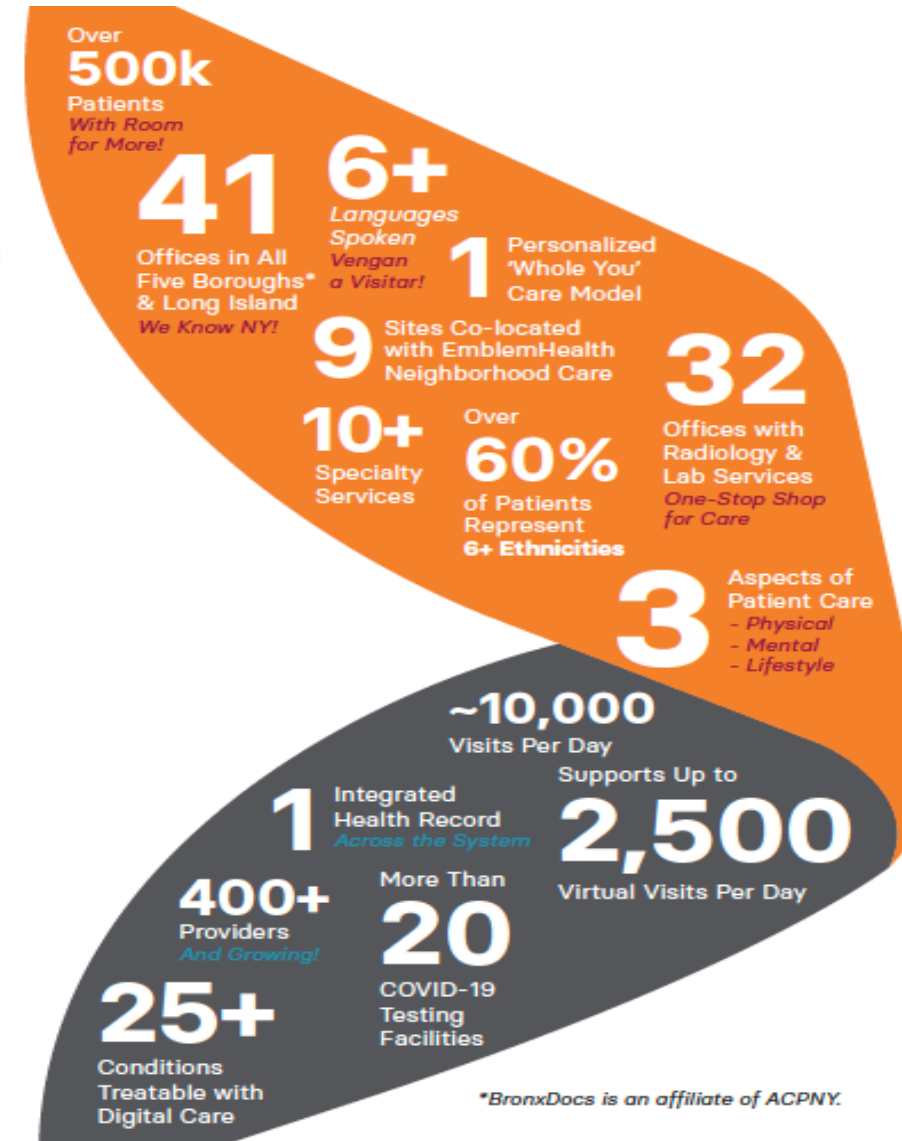
Healthier Communities

## The Formula for Healthier Communities

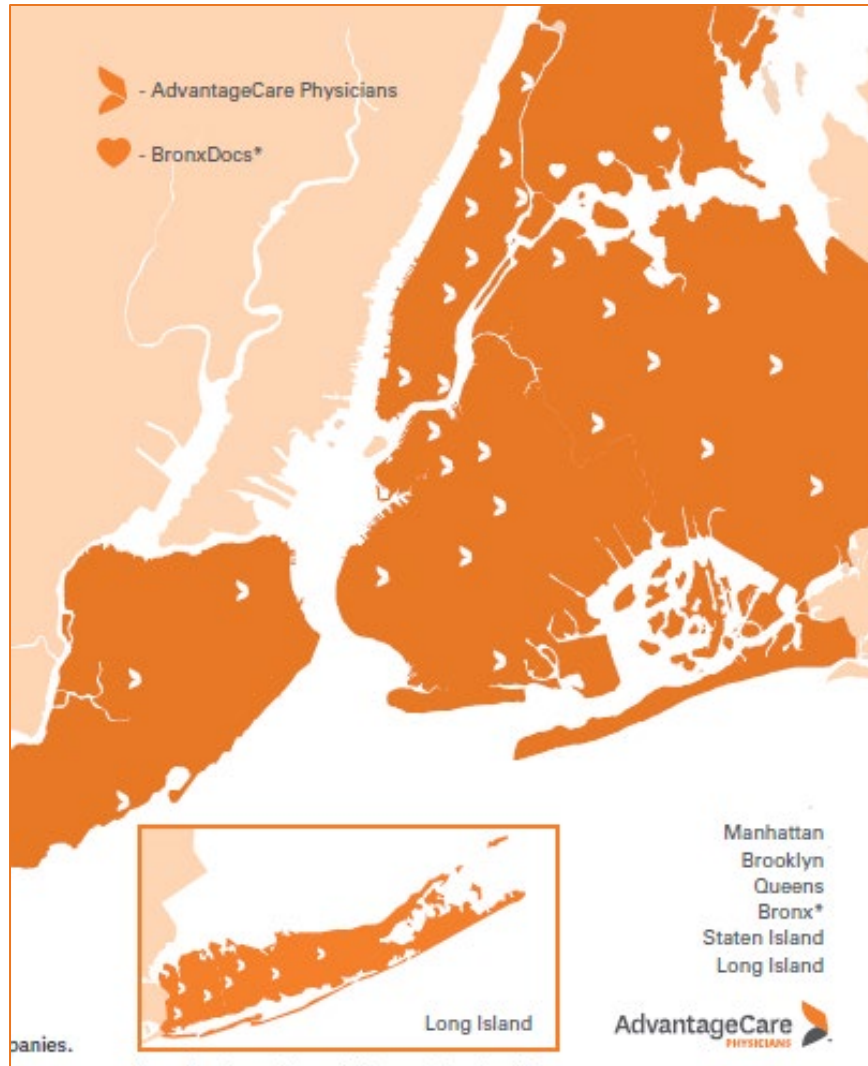
AdvantageCare Physicians *by the Numbers*

AdvantageCare Physicians (ACPNY) medical offices provide communities with access to timely primary and specialty care. With a wide range of services that reflect the needs of our diverse patients, including preventive services and chronic care management, ACPNY keeps residents healthy in settings that are convenient and woven into the fabric of each unique community.

**Caring for the Whole You.**



# INNOVATION THAT PROMOTES HEALTH EQUITY



The hallmark of our approach is personal and neighborhood-based primary and specialty care, including:

- Continuous care**—the benefit of having a personalized Care Team that follows up with individuals to promote wellness and address acute or chronic needs;
- Comprehensive care**—access to the Specialty Care Providers and services patients need most;
- Convenient care**—we're right in many neighborhoods, easy to get to; and
- Community**—we can connect patients to valuable local services and resources.

ACPNY's integrated care teams include primary care physicians, advanced practice clinicians, such as nurse practitioners or physician assistants, registered nurses, and care team associates.



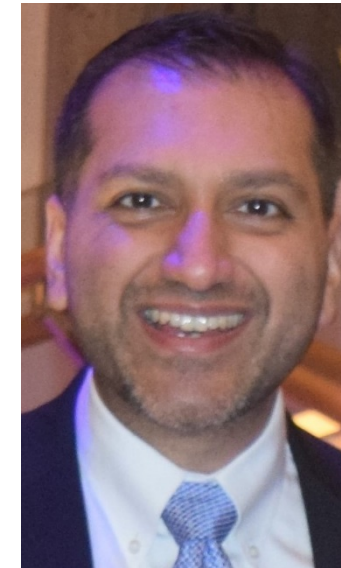
# COVID-19'S BIGGEST CHALLENGE TO PRIMARY CARE'S ROLE IN ADVANCING EQUITY: ACCESS TO CARE

## Telehealth

- ACPNY quickly implemented virtual visits, providing access to care during the NYS “PAUSE” to support COVID-19 screening, testing, and management of other acute and chronic conditions.
- Leveraging technology made care easier and safer to access for most patients, while we continued to address urgent health needs through in-office care.
- Telehealth improved access and allows us to maintain the health of vulnerable members of the community, but also poses a challenge to health equity.
- Previously, we relied on our presence in the community to engage and provide care to vulnerable community members, ensuring ongoing disease management and addressing social determinants of their health. Telehealth requires us to be more proactive – it is challenging to engage patients who cannot engage virtually, due to incompatible devices or connection issues.
- A recent survey of 1,000 New Yorkers conducted by EmblemHealth and ANA Research found that both low-income and Black/African American New Yorkers are more likely than the general population to have access to only one technology device at home. While the majority of the general population (82%) reported having access to regular and adequate internet at home during COVID-19, almost a quarter of low-income households and nearly a third of Black/African American New Yorkers reported having inadequate internet access.
- We are exploring additional ways to engage with patients at home, through additional digital tools, home monitoring devices, and interventions through our community partners.

# Promoting Equity During COVID-19 at a Large Urban FQHC

*Sachin Jain, MD MPH  
Chief Clinical Transformation Officer  
Community Healthcare Network*



UHF Medicaid Conference  
July 15, 2020



# Community Healthcare Network

---

- FQHC with 12 primary care clinics, 2 school-based health centers, and mobile units covering Brooklyn, Queens, Manhattan and Bronx
- Serve nearly 80,000 patients annually
- Provide primary medical care, HIV treatment, PEP, PrEP, transgender care, social work, health education, family planning, psychotherapy, nutrition, dentistry, podiatry, psychiatry, care coordination, medico-legal partnerships



# Innovation: Community Partnerships & COVID-19

---

## Testing

- Community-based COVID-19 testing initiative in Jamaica
- Collaboration with First Presbyterian Church (Rev Patrick O'Connor)
- Tested nearly 2000 clients from the surrounding community
- Many without primary care established care with CHN post-testing
- Sponsored by New York State Governor Cuomo's office

## Food distribution

- Distributed food baskets in Long Island City, Queens
- Collaboration with Hour Children (Johanna Flores)
- Mostly LGBTQIA+ food-insecure recipients affected by COVID-19

## SDOH linkage

- UHF grant to develop SDOH screening and linkages in Jamaica
- Altman Foundation grant supporting Lower East Side and Jamaica to strengthen SDOH linkages with CBOs

# Opportunity: Reimbursement

---

## Care Provision

- Telemedicine when clinician is offsite
- Technology for patients/staff
- E-consults
- Home visits

## Care Management

- Secure bi-directional messaging
- Remote patient monitoring
- Data/Analytics to identify and engage unseen patients
- Home-based COVID testing

**Tricia McGinnis, MPP, MPH**  
Executive Vice President and  
Chief Program Officer  
Center for Health Care Strategies  
July 15, 2020



# CHCS' Work Supporting Primary Care

- CHCS provides technical support to state Medicaid agencies, health plans, and providers to improve care delivered to low income individuals
- Select CHCS primary care and equity initiatives:
  - » *Advancing Primary Care Innovation in Medicaid Managed Care*
  - » *Advancing Health Equity Initiative*
- Promising policies—payment reform:
  - » Prospective payment models to primary care practices serving diverse populations
  - » Reward all staff for reductions in health disparities

# State and Plan Levers to Improve Health Equity

- Michigan's Capitation Withhold for Health Plans
  - » Health equity component: rewards plans with equitable care in four metrics
  - » Health improvement component: rewards plans that have improved performance in five metrics
- Community Health Care Network's VBP arrangement
  - » Provider organization receives monthly capitated payment
  - » Team members receive monthly incentives of up to 3% salary for performance in metrics and processes of care for conditions that have disparities
  - » Teams receive mid-month metric reports



# Biggest COVID-19 Challenge to Primary Care

## Fee for Service Payments:

- COVID-19 has underscored the financial instability of FFS payment models, especially for safety net practices
- This includes more advanced value-based payment models like shared savings and shared risk that rely on FFS