Connected Care Pilot Program Network Plan (2022-2025)
Housing Works Consortium (aka EngageWell IPA) | HCP#: 75851

1. **Goals and objectives of the proposed network**
   - Describe the goals and/or objectives of the network

The Housing Works Health Services Consortium, known as EngageWell IPA, promotes access to life-saving, community-based services provided by a network of agencies across New York City. Our service approach, rooted in harm reduction and trauma-informed care principles, is designed to improve client readiness for and engagement in treatment, offering flexible, low-threshold, and non-judgmental services in EngageWell's outpatient programs and community-based services. Collectively, our network increases engagement and retention in medical care and behavioral health treatment, improves health outcomes, and advances the dignity and well-being of marginalized populations.

The EngageWell network is a unique and diverse network consisting of the following community-based, health and human service providers: primary medical care (FQHCs), outpatient mental health clinics and substance use treatment centers, harm reduction specialists, medical case management teams, and a variety of psychosocial rehabilitation and home- and community-based service providers. Currently, 32 program sites are approved by the FCC as health care providers (HCPs).

The EngageWell network is built on the evidence-based practice that medical and social care integration can effectively treat patients with co-morbid medical and behavioral health disorders, improving health outcomes at the individual and community level and lowering overall health care costs.

- **Explain how the consortium will use the requested services,**

The EngageWell consortium will use CCPP funds to support its "Care Your Way" Initiative with five connected care services: 1) network equipment to support WiFi/broadband infrastructure; 2) telehealth licenses for providers; 3) wireless plans for patients and health care providers; 4) remote patient monitoring tool for prescription medication adherence, and 5) patient reported health outcome platform for food/nutrition, and 6) a closed-loop referral platform to streamline patient access to community-based medical and behavioral health services.

- **State why the consortium wants the services.**

When COVID-19 emerged in NYC, low-income, Black, and brown patients and those with chronic medical conditions were disproportionately impacted by COVID-related infection and deaths. Prior to COVID-19, few of the HCPs in the consortium made investments in connected care services – due to limited funding and low Medicaid reimbursement for telemedicine – and were unprepared to shift their services to virtual care delivery. Moreover, sudden closure of in-person health and human service programs coupled with social distancing put people with mental illness and substance use disorder at higher risk of emotional distress, relapse, and overdose. Our consortium hopes to evaluate the impact connected care services have on treatment re-engagement after the initial COVID outbreak made it impossible for many people to remain engaged in care. Enhancing EngageWell's care delivery system with telehealth, remote patient monitoring technology, and patient reported outcome platforms will also give participants a choice to receive treatment in-person or virtually, when clinically appropriate. Lastly, we expect digital health technology for wrap-around services will foster improved self-management and chronic disease management.

2. **Strategy for combining the specific needs of health care providers (HCPs) (including providers that serve rural areas) within a state or region**
    - Provide a description or strategy of how the consortium will combine the broadband network needs of the participating HCPs to create a cohesive network.
    - Indicate whether the consortium is regional, state-wide, or spans a group of states to ensure that service providers bidding for services understand the network and its specific needs.
    - Describe the needs of participating HCPs located in rural or remote areas.

The EngageWell IPA consortium provides services to patients living in the five boroughs of NYC. All EngageWell's HCPs are in urban neighborhoods of NYC. Integration of a diverse network is a technological and operational challenge, not to mention an expensive endeavor.

The consortium has long been collaborating, beginning in the early 1980's in response to NYC's HIV epidemic, and more recently to improve the care of other high-risk populations, including the homeless, those with severe mental illness, and others with substance use disorders. A significant barrier to collaboration across the consortium is the lack of interoperability between agency electronic health record (EHR) systems and other care management platforms. Moreover, the cost of transitioning the network to a single EHR or developing a sophisticated data warehouse with sophisticated data analytics is cost prohibitive if not operationally impossible. Complicating network cohesion further is the requirement of various client-level consents and State- and Federal-level regulations limiting certain cross-sector data sharing opportunities.

Although the consortium providers have different EHR systems, they have many similarities in terms of structure, non-profit status, and client populations served. Our commonalities allow for the EngageWell consortium to purchase and implement solutions strategically across the network at a lower cost than individual HCPs or agencies could do on their own. The commonalities and location specificity of NYC allow for us to select service providers that will meet the needs of our HCPs.

While the proposed interventions in our Connected Care Pilot Program will not solve for the systems-level barriers to network cohesion, it will allow our network to collect a Network Level Consent using a digital platform for the first time, allowing our network to begin to refer clients more easily and share more complete data for analytics. The financial investment will also enable our network to overcome the 'cost' hurdle that often accompanies digital health interventions.

3. **Strategy for leveraging existing technology to adopt the most efficient and cost-effective means of connecting those providers**
    - Describe how the consortium plans to use an existing network to adopt a cost-efficient means to connect to the service providers.
    - Describe the consortium's existing network and how the current network will supplement the needs of the consortium and ensure a cost-effective strategy.

Many members of the EngageWell consortium have been collaborating for more than 30 years, originally in response to the HIV/AIDS epidemic in the early 1980s. With advancements in HIV treatments and investments in health and human services, HIV has become a management chronic illness for most. The members of the consortium continue to collaborate, applying their grassroots and evidence-based advocacy efforts to benefit other vulnerable communities, including the LGBTQ community, those who are homeless, active substance users, and those with severe mental illness.

In 2017, the consortium came together in a more formal way to create a new legal entity, the EngageWell IPA, with a primary goal of developing clinically integrated, cost-effective models of care. Collectively, the IPA is

engaging Managed Care Plans and other health payors to fund innovative models of care that re-engage high-cost Medicaid beneficiaries in outpatient treatment and reduce overall health care spending. The consortium has developed quality improvement strategies to support peer learning, technical assistance, and capacity building network wide. The existing framework will be applied to CCPP, as well, bringing providers together in a CCPP Learning Collaborative to address implementation and change management as it pertains to connected care services. The consortium has successfully implemented previous learning collaboratives for providers across the network when implementing contracts and initiatives.

When possible, the EngageWell consortium's strategy inside this project will be to choose a single vendor for the various interventions for which RFPs have been created. As the number of HCPs, and thus the number of clients served, grows, the consortium will be able negotiate more competitive rates with our vendors. Our network has the existing legal relationships and infrastructure for these types of decisions to be made.

4. **Description of how the supported network will be used to improve or provide health care delivery**
    - Describe how the plan will use the broadband network to improve or provide health care delivery (or telemedicine). For example, this section can include examples of transmitting medical documents, charts, or x-rays via internet, or using the network to video conference with physicians in remote clinics.

During the COVID-19 emergency, many agencies implementing synchronous video visit technology (telehealth) for the first time noticed their broadband infrastructure could not handle the increased bandwidth required. As a result, telehealth visits had poor video and audio quality (pixilation or choppiness) and visits were frequently dropped. The consortium will use a portion of its funds to overhaul the infrastructure of the network to ensure the broadband network can support the connected care services being piloted.

Moreover, the consortium will use the funds to build out its capacity to offer outpatient synchronous video visits between clients and their health providers across the network. With wireless broadband support for clients and clinicians, and telehealth licenses, clients will now have the option to receive appropriate outpatient care where they feel safest, in person or remotely.

The consortium will also invest in and implement network wide two new remote patient monitoring interventions: one to measure medication adherence remotely and another to measure improvements in diet/healthy eating.

Planned "Connected Care" Services

1. Telehealth platform licenses for virtual medical care and behavioral health treatment
2. High-speed internet access (wireless) for patients and health care providers
3. Broadband Network Equipment for select brick-and-mortar HCP sites
4. Remote patient monitoring technology for medication adherence
5. Patient reported health outcome platform to address malnutrition and diet-sensitive illness
6. Streamlined inter- and intra-agency referrals via closed loop referral platform offer electronic health assessments, standardized client consents, and referral outcomes data

5. **Description of any previous experience in developing and managing health information technology (including telemedicine) programs**
    - Describe any consortium staff experience with the delivery of health care information technology or telemedicine programs. / Describe the current management team's experience with developing and managing health information technology and telemedicine programs. This will ensure that USAC and service providers understand your ability to manage the consortium's network expansion.

In 2020, with nearly $1M in COVID-19 Telehealth Emergency Funds and a grant from a local foundation, the EngageWell IPA launched a network-wide telemedicine program using a single telehealth platform powered by Mend. This program successfully provided program participants with hardware (phones and tablets) and software (telehealth licenses) to ensure clients and providers remained connected virtually while in-person services were disrupted by COVID-19. Implementation during the onset of the COVID crisis was a challenging, given HCPs lack of experience with telehealth and low digital health literacy amongst clients. The EngageWell IPA staff learned implementation best practices through surveying providers for feedback, implementing a learning collaborative, and hosting key-informant discussions with the telehealth platform and providers. Lessons learned over the past year and a half will allow the IPA network to adopt telehealth and other connected care services more smoothly. Moreover, when the CCPP launches, our consortium will have an additional 6-months' experience implementation and managing similar connected care services inside a contract expected to launch January 1, 2022.

The technical assistance built into Mend's platform and license costs along with connectivity and utilization reports were integral to the successful adoption and management of our telehealth program. We will prioritize vendors in the CCPP who provide our management team and HCPs with similar technical assistance and capacity building.

6. **A project management plan outlining the project's leadership and management structure, and a work plan, schedule, and budget**
   - Describe the project's management structure or leadership. Include a work plan and a schedule for the work plan. The schedule should include approximate dates for work to begin, installation dates, etc. Identify who will be working with the service provider to implement services and define leadership roles within the consortium team.

All CCPP service providers successfully funded will work with one or more of the following Consortium Team Members to implement all connected care services:

1. Christopher Joseph, Executive Director of the EngageWell IPA
2. Cheyenne Stewart, Manager of Special Projects, EngageWell IPA

Project Work Plan

Timeframe	Activity	Lead Team Member
March-May 2022	• Contracts executed with all service vendors, 1-year contracts with option to renew upon satisfactory service delivery • Year 1 Connected Care Services (CCS) include: telehealth licenses, HCP network equipment, RPM medication adherence, RPM food/nutrition, wireless plans, referral platform]	Christopher Joseph
March-June 2022	• Consortium Learning Collaborative(s) formed with leadership from participating HCPs	Cheyenne Stewart
June 2022-August 2022	Implementation of contracts begin: • Telehealth licenses distributed and platform access finalized; providers receive trainings and technical assistance • Selected clients and providers receive wireless plans • Clients identified to receive RPM assistance with medication-adherence & food/nutrition; Baseline surveys are distributed; Services begin on or before 08/31/2022 • Site visits & implementation of network equipment for selected HCPs	Christopher Joseph

	• HCP Providers onboarded to closed-loop referral platform and receive trainings	
December 2022-March 2023	• 6-month evaluation of CCS • Learning Collaborative(s) meet monthly for technical assistance and peer learning	Cheyenne Stewart
April-May 2023	• HCP evaluation to identify satisfaction with CCS, service efficacy, and HCP/client needs for additional CCS; confirm second year of CCS interventions • 12-month contract renewals with vendors	Cheyenne Stewart
June-August 2023	12-month evaluation of CCS Implementation begins for identified new CCS cohort(s): • Telehealth licenses updated & distributed, platform access finalized; new providers receive trainings and technical assistance • Reconciliation of updates to client & provider wireless plans • Reconciliation of first round clients enrolled in RPM programs, continuation of services through 11/2023 for engaged clients • Site visits & implementation of network equipment for additional selected HCPs, maintenance of network equipment purchased in first 12 months of CCPP • Additional HCP Providers onboarded to closed-loop referral platform and receive trainings	Cheyenne Stewart Christopher Joseph & Cheyenne Stewart
December 2023 – March 2024	18-month evaluation of CCS, 6-month evaluation of 2nd year-initiated CCS • Second cohort of clients identified to receive RPM assistance with medication-adherence & food/nutrition; Baseline surveys are distributed; Services begin by 02/2024	Cheyenne Stewart
April-May 2024	• HCP evaluation to identify satisfaction with CCS, service efficacy, and HCP/client needs for additional CCS; confirm third year CCS interventions • 12-month contract renewals with vendors	Cheyenne Stewart
June-August 2024	24-month evaluation of CCS, 12-month evaluation of 2nd year-initiated CCS Implementation begins for identified new CCS: • Telehealth licenses updated & distributed, platform access finalized; new providers receive trainings and technical assistance • Reconciliation of updates to client & provider wireless plans • Reconciliation of second round clients enrolled in RPM programs, continuation of services for engaged clients • Site visits & implementation of network equipment for additional selected HCPs, maintenance continued for previous HCPs • Additional HCP Providers onboarded to closed-loop referral platform and receive trainings	Cheyenne Stewart Christopher Joseph & Cheyenne Stewart

December 2024 – March 2025	30-month evaluation of CCS, 18-month evaluation of 2nd year initiated- CCS, 6-month evaluation of 3rd year-initiated CCS Consortium CCS Sustainability Plan finalized	Cheyenne Stewart Christopher Joseph
January – March 2025	Contract negotiations for post-CCPP contracts with Service Vendors	Christopher Joseph
May-August 2025	Final evaluations and reporting of CCS Completion of CCPP 3-Year contracts in May 2025 • Execution of post-CCPP contracts by June 2025	Cheyenne Stewart Christopher Joseph

Estimated Budget, Pending RFP Responses for Actual Costs:

Eligible Service	Annual $ Per Unit	Unit #	Year 1	Year 2	Year 3	ESTIMATED TOTAL
Broadband Equipment for 8 Physical HCP Sites	$18,167	8	$208,800	$113,600	$113,600	$436,000
Provider Wireless	$480	180	$86,400	$86,400	$86,400	$259,200
Patient Wireless	$480	370	$177,600	$177,600	$177,600	$532,800
Telehealth ($50/license/month)	$600	150	$90,000	$90,000	$90,000	$270,000
Food Nutrition Platform ($15/client/month)	$180	1000	$180,000	$180,000	$180,000	$540,000
Med Adherence App (1x Enrollment Fee) (300 clients per year)	$100	950	$95,000	$95,000	$95,000	$285,000
Med Adherence App ($20/client/month)	$240	760	$182,400	$182,400	$182,400	$547,200
Closed Loop Referral Platform (1x Set-up fees, 16 agencies)	$1,000	16	$16,000	$0	$0	$16,000
Closed Loop Referral Platform (Licenses $15/month x 10 provider per 16 agencies)	$180	160	$28,800	$28,800	$28,800	$86,400
Total Estimated Project Costs (including additions)			**$1,065,000**	**$953,800**	**$953,800**	**$2,972,600**
Applicant Share (15%)	**15%**		$159,750	$143,070	$143,070	$445,890
TOTAL FCC FUNDING REQUEST (85%)	**85%**		**$905,250**	**$810,730**	**$810,730**	**$2,526,710**

- **The budget should describe how the consortium will fund the remaining 15% of the total cost of the services.**

The consortium will leverage the following sources of funding to cover the remaining 15% of total services costs:

1. Various fees paid by HCPs in the EngageWell consortium (annual member contributions, contract opt-in fees, etc.)
2. Grant or Foundation Funding (applications currently pending)
3. Contracts with Managed Care Organizations and other health care payers, that will include alternative payment models (enhanced FFS rates or bundled payments) to cover ineligible expenses in the intervention.