HHSC DSRIP Statewide Learning Collaborative 2019

Critical Areas of Health Care:
Social Determinants of Health & Texas MCOs

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- **Catherine Mitchell, MBA,** *EVP-COO (Interim CEO), Community Health Choice*
- **Sheila Shapiro, MBA,** *Senior Vice President - National Strategic Partnerships, UnitedHealthcare Clinical Services*
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Moving Upstream
How Health Plans in Texas Address the Social Determinants of Health (SDOH)

Shao-Chee Sim
September 4, 2019

EPISCOPAL HEALTH FOUNDATION

TAHP
The Texas Association of Health Plans

TACHP | Texas Association of Community Health Plans

Policy Momentum for SDOH

2016
CMS creates SDOH guidelines for MCOs

2017
CMS Funds AHC Model – 3 Texas Sites

2018
DHHS Secretary Alex Azar SDOH speech

2019
Maternal Health Bill (SB 750) and two bills related to medical transportation (HB 1756 & HB 25) passed in TX Legislative Session

2019
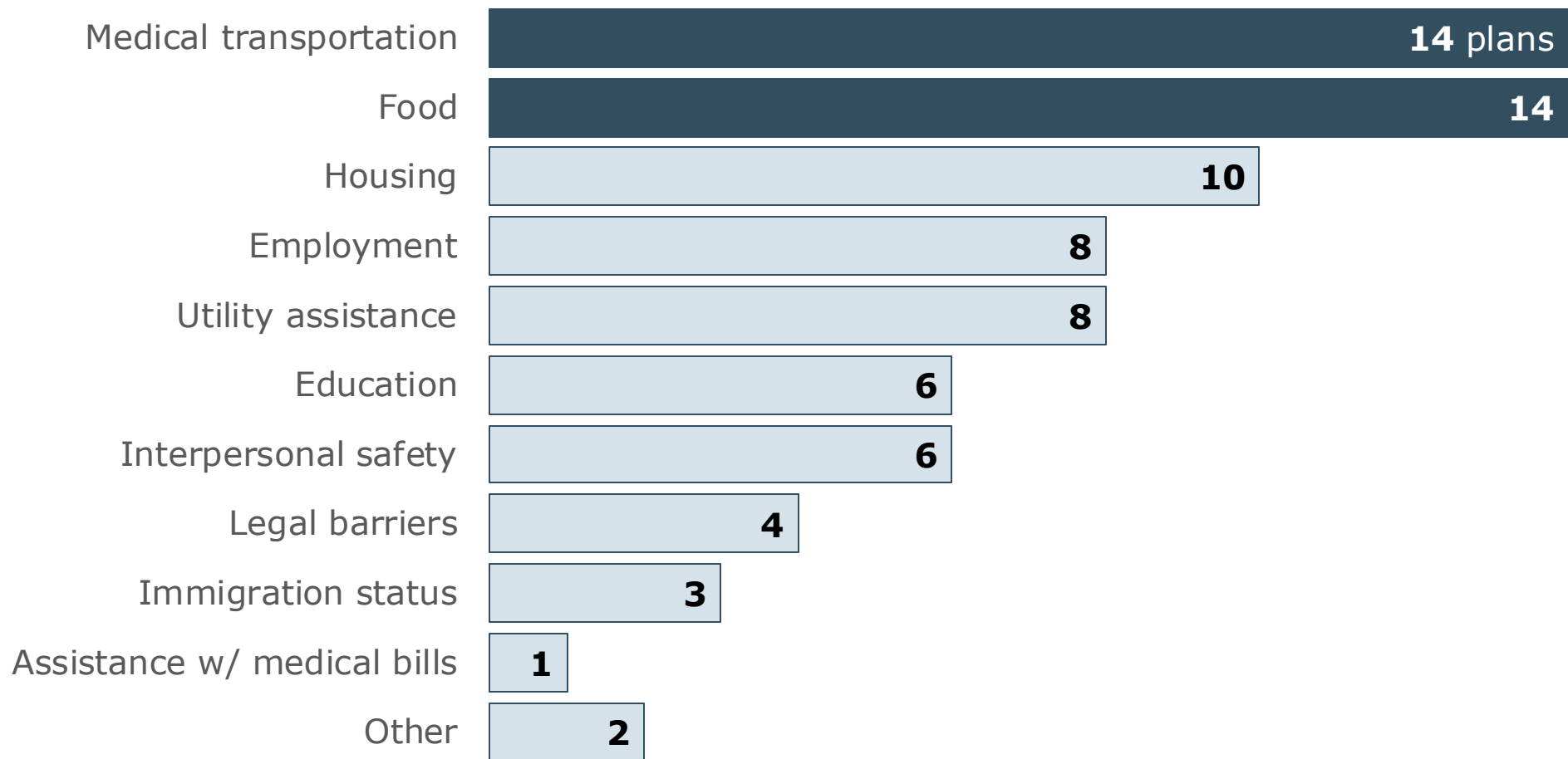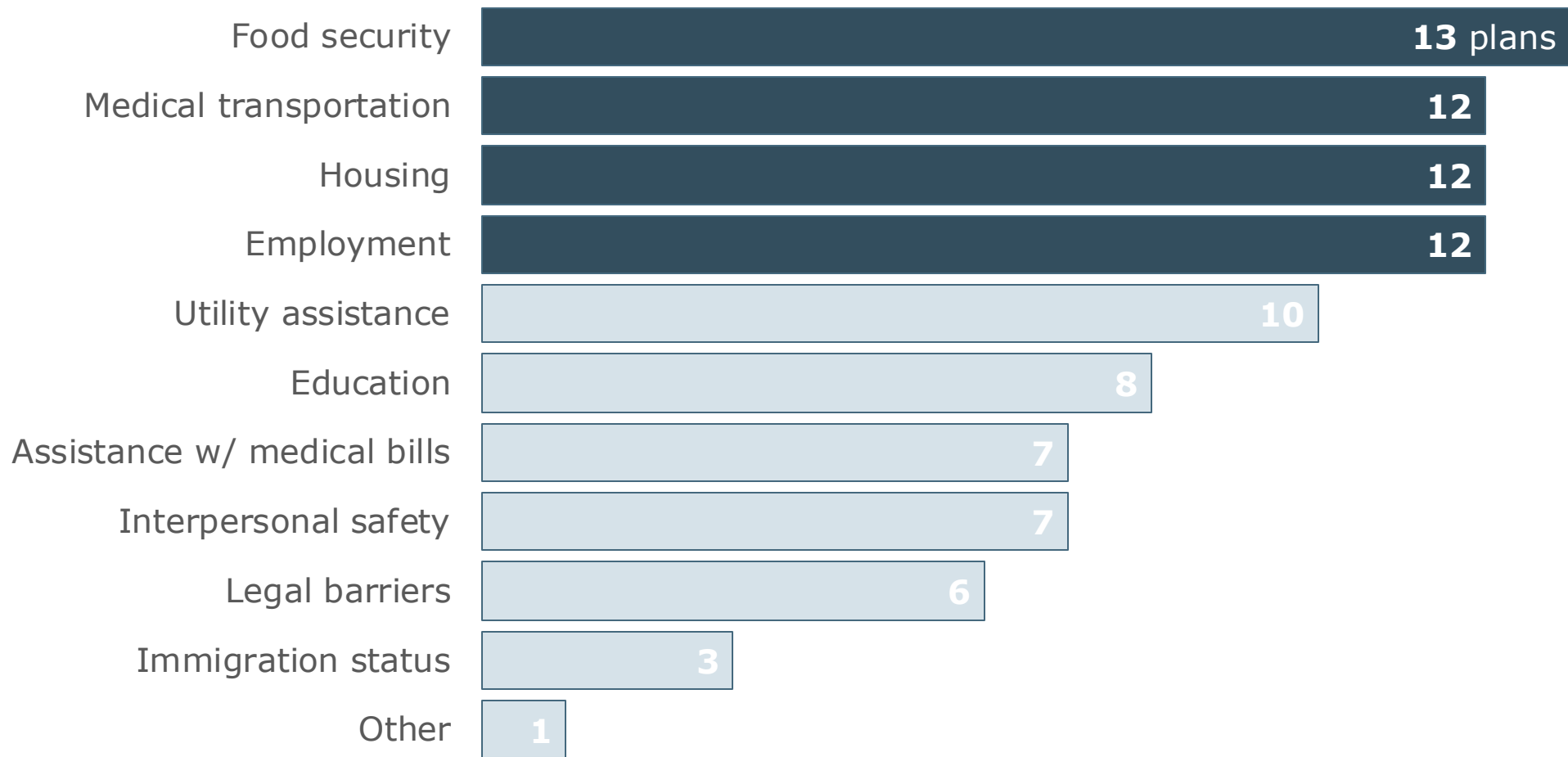Social Determinants Accelerator Act

2016   2017   2018   2019

Medical transportation and **food** are the most commonly addressed SDOH.

Category	Value
Medical transportation	14 plans
Food	14
Housing	10
Employment	8
Utility assistance	8
Education	6
Interpersonal safety	6
Legal barriers	4
Immigration status	3
Assistance w/ medical bills	1
Other	2

EPISCOPAL HEALTH FOUNDATION

Sample Size = 14

If reimbursable by Medicaid, most plans would invest in **food**, **medical transport**, **housing**, and **employment**

Category	Plans
Food security	13 plans
Medical transportation	12
Housing	12
Employment	12
Utility assistance	10
Education	8
Assistance w/ medical bills	7
Interpersonal safety	7
Legal barriers	6
Immigration status	3
Other	1

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Sample Size = 14

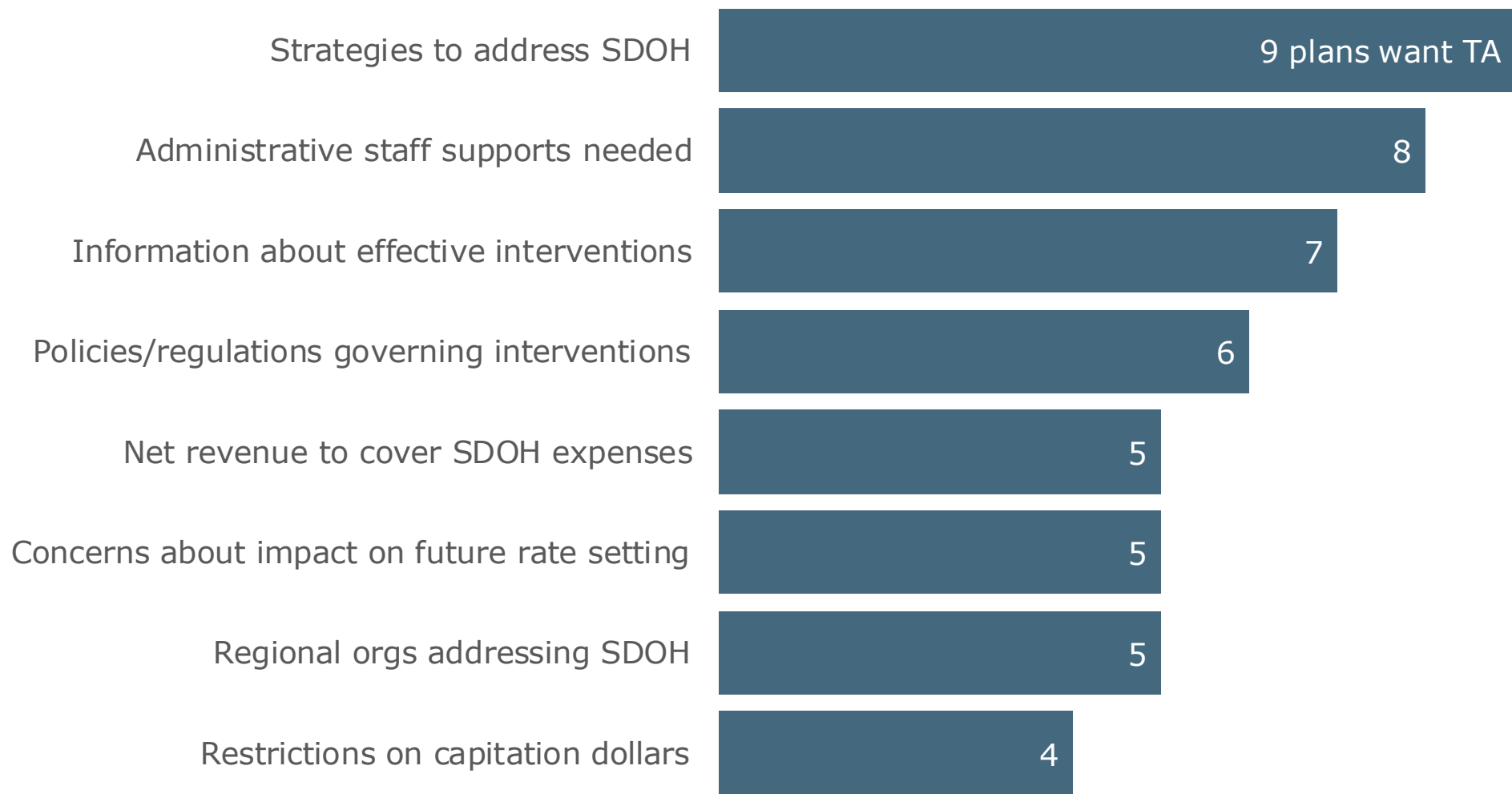# 10 out of 14

health plans said they do SDOH work that benefits the entire community, as opposed to their members alone
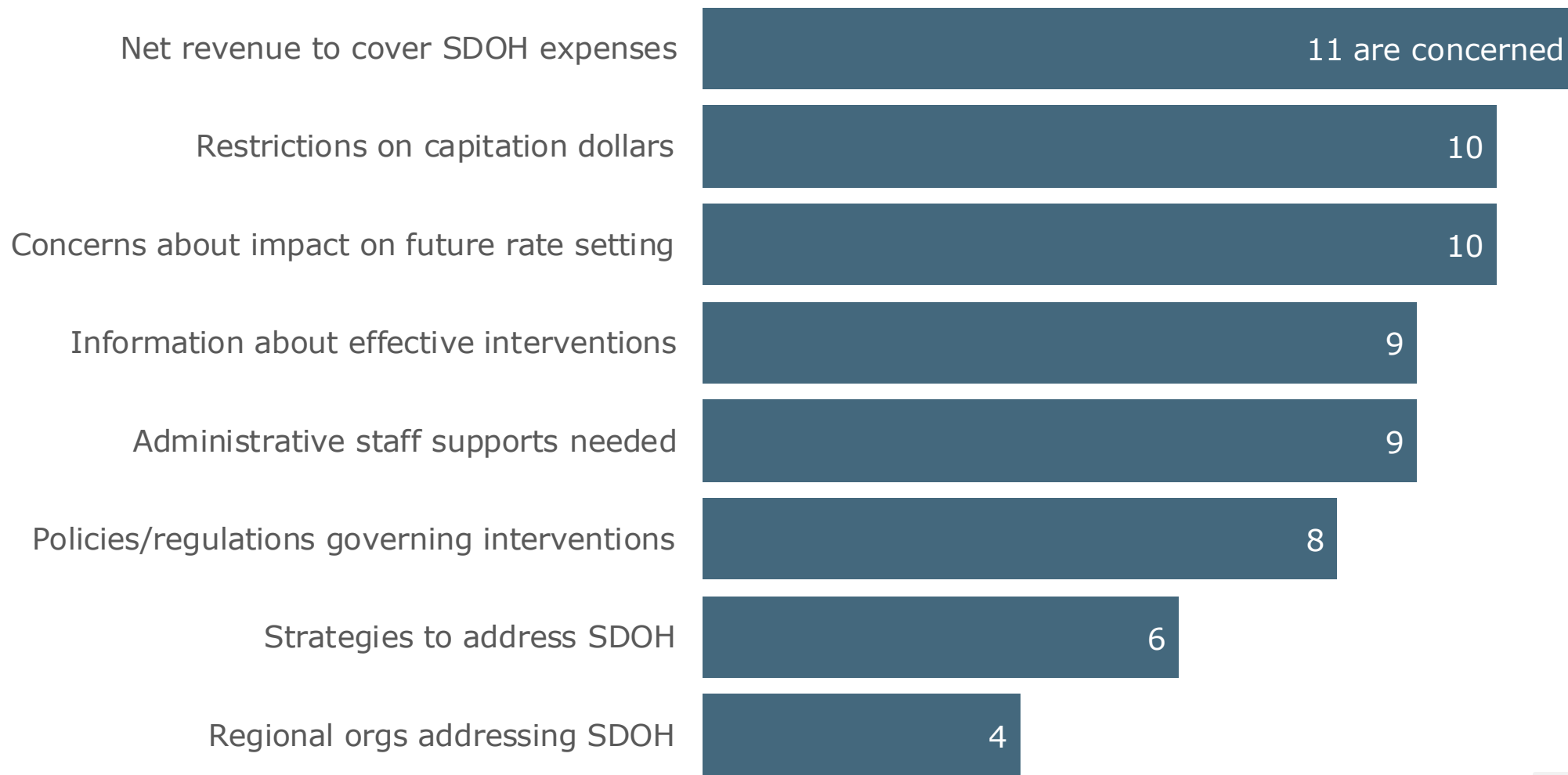
Among various technical assistance (TA) topics, plans were most interested in **strategies to address SDOH**.

Topic	Count
Strategies to address SDOH	9 plans want TA
Administrative staff supports needed	8
Information about effective interventions	7
Policies/regulations governing interventions	6
Net revenue to cover SDOH expenses	5
Concerns about impact on future rate setting	5
Regional orgs addressing SDOH	5
Restrictions on capitation dollars	4

EPISCOPAL HEALTH FOUNDATION

Sample Size = 14

KinderReady

Our Goal

- To support high quality preschools for 3 and 4 year olds to increase Kindergarten readiness.

Our Reason

- Kindergarten readiness is a strong predictor of future academic success.
- Success or failure during kindergarten can influence a child's self-esteem and motivation throughout their schooling.
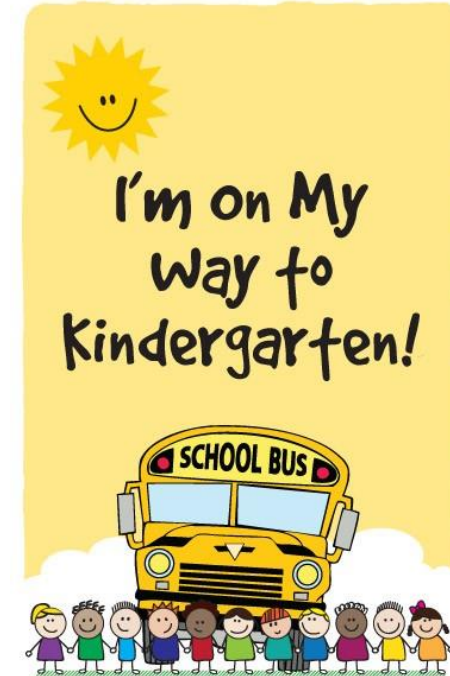
San Francisco Nativity Academy

KinderReady – Our Plan

1. Support local preschool programs in underserved communities.

   Pilot:

   San Francisco Nativity Academy beginning Fall 2018

2. Use a quality curriculum to support kindergarten readiness and assess the children's development.

3. Increase parent/guardian engagement.

4. Provide wellness/preventative care for the students, their families, and surrounding communities.

Looking forward

- Support SFNA's Pathway to Sustainability
  - Grant writing
  - Help improve the employability of parents/guardians

CareerReady

Pregnant Women

Our Goal

- To provide pregnant members with a scholarship to attend HCC to obtain a job certification so they may find a job with a livable, working wage.

Our Plan

- Recruitment for women began April 2018
- Target Audience:
  - Medicaid
  - 18-30 years old
  - 2 or less children
  - Delivery month after August 2018 enrolled in Spring 2019
- Recruitment approaches:
  - Phone calls
  - Mailing postcards
  - CareerReady website
  - Community events

CareerReady

High School Seniors

Our Goal

- To provide graduating seniors with a scholarship to attend HCC to obtain a job certification so they may find a job with a livable, working wage.

Our Plan

- Target Audience:
  - ➤ AAMA high school seniors graduating in 2018
- Recruitment:
  - ➤ Began promotion in February with information sessions and marketing
  - ➤ 12 applicants – 7 females and 5 males
  - ➤ Life Services CareerReady cohort will be announced later this month

CareerReady Eligibility Criteria

High School Seniors

- Annual Wellness Exams
- Vision and Dental Screenings
- Financial Literacy Workshop
- Resume/Interview workshops
- Parenting workshops (if they have children)
- Other life enrichment classes

Pregnant Women

- Prenatal Exams
- Postpartum visits
- Newborn wellness exams
- Newborn immunizations
- Financial Literacy Workshop
- Resume/Interview workshops
- Parenting workshops (if they have children)
- Other life enrichment classes

CareerReady 2.0

Life Coach

Each student and pregnant woman will be assigned a life coach to:

- Provide application assistance
- Make connections to resources to overcome social barriers (transportation, food, etc.)
- Connect to soft skill training (résumés, mock interviews, etc.)
- Assist with employment search
- Provide support throughout the process (estimated time 2 years)

CareerReady – Job Training

High School Students (AAMA)

- EKG Specialists
- Patient Care Technician
- Electrical Technician
- IT Specialists
- Applied Sciences (A.A.)

Pregnant Women (HCC)

- Patient Care Technician (3 certificates in 1)
- Human Resources
- Medical Business Office Professional
- Construction Management
- Ultrasound Technician
- Applied Sciences (A.A.)

AAMA
EMPOWERING LEARNERS.
INSPIRING LEADERS.

Call Center – Fast Track Model

Background

- Call Center is always in need of representatives
- Scholars coming through our program could be a good source of employee pool as some of them have a customer relations background

Action

- Operations collaborated with Life Services to source talent
- Identify by using the Fast Forward Analytics test
- Compare with the Call Center Model
- Created new entry level position - Eligibility Verification Representative

First Wave of Results

- 12 scholars identified as potential candidates

Supplemental Opportunities

- Career Ready 2.0 provides 6-month supplemental opportunities (job training)

- Provides transitional paid professional exposure

- Participating Departments
  - Human Resources
  - Community Affairs

- Upcoming departments
  - IT (Sept. 2019)
  - Claims

Strategic Community Partnerships

DSRIP Statewide Learning Collaborative

September 4, 2019

Sheila Shapiro
Senior Vice President
National Strategic Partnerships

UnitedHealthcare

UnitedHealthcare's SDoH Infrastructure: How it Works

Various Data Sources

- Clinical Systems
- HouseCalls
- HSA
- Social Referral Vendors
- Claims Data
- Member Navigators
- Point of Care
- Rx
- Self-reported Data

Data Standardization

Social Value to Member – Imputed Market Price (IMP™)

Turning disparate data into actionable information to support our members' social determinates of health.

ICD-10 Diagnosis Code Set Categories

Counseling	Health/Health Care
Economic Stability	Personal Care
Education	Respite Care
Employment	Social /Community

Standard measurement of SDoH data

UHC Customer Advocates
- M&R Advocate
- C&S Advocate

API

Reporting, Analysis and Clinical Outcomes:
Identification data
Referral data
Fulfillment data

- Member
- Clinician
- Physician

Clinical Profile — Clinician

Transportation Vendors

Social Referral Sources

Network Provider Profile — Physician

PART D

healthcare innovation

PEOPLE. PROCESS. TECHNOLOGY TRANSFORMATION.

The 2019 Innovator Awards Third-Place Winning Team: UnitedHealthcare

Leaders at UnitedHealthcare have implemented a program that is incorporating social determinants of health data into clinician workflow processes in order to improve care management and enhance plan members' health

BY **MARK HAGLAND** — **MARCH 26, 2019**

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VIEW GALLERY

What does it mean to rethink a long-held paradigm? In the case of leaders from UnitedHealthcare (UHC), it means a lot of thought, a lot of planning, and a lot of work. But unlocking the potential in truly harnessing social determinants of health data to support

Recognized for incorporating **social determinants** into clinician workflow to improve care management and enhance health

Updated 8/19/19_V1. UnitedHealthcare Strategic Community Partnerships. Proprietary and confidential. Do not use without express written consent.

24

Data, Technology + Relationships to address Social Determinants

2.5M
UnitedHealthcare beneficiaries self-identified at least one SDoH

758K+ referrals provided
to over 600K individuals

$827M+
Imputed Market Price™ value provided to members

AARP Foundation — For a future without senior poverty.

AMA

PEOPLES HEALTH

CHRT — Center for Healthcare Research & Transformation

Aunt BERTHA

BeneLynk™

Healthify

CHANGE HEALTHCARE

DAUGHTERS OF CHARITY HEALTH CENTERS

EL RIO HEALTH

AHCCCS — Arizona Health Care Cost Containment System

EQUALITY HEALTH

JORDAN VALLEY COMMUNITY HEALTH CENTER

lyft

NATIONAL MEDTRANS

Mom's Meals NourishCare

NATIONAL ASSOCIATION OF Community Health Centers

NCQA — Measuring quality. Improving health care.

Lutheran Services in America

OPTUM®

UnitedHealthcare

ICD-10 Code Expansion to Address Social Determinants
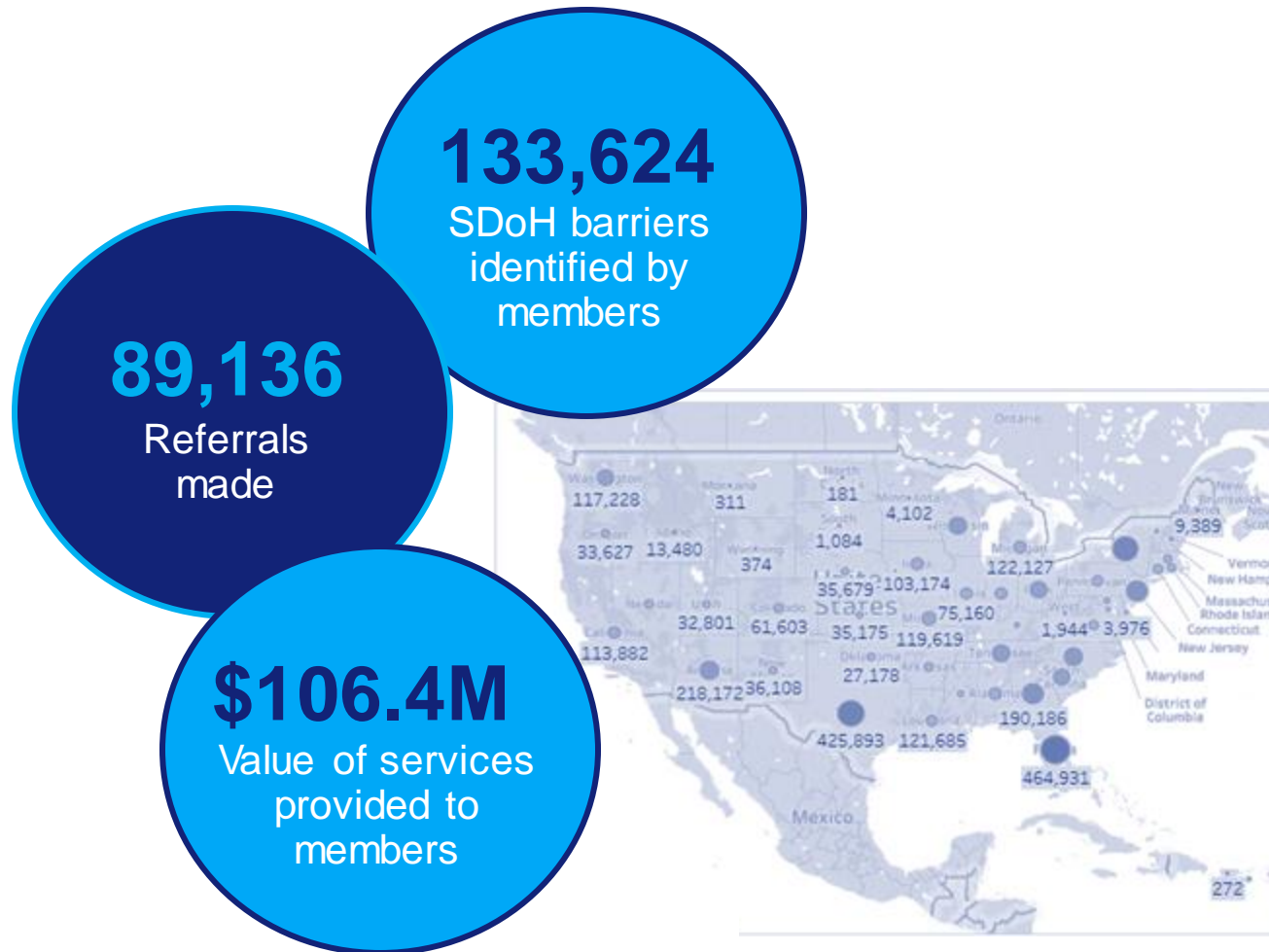
Our proposal to add 23 new codes to the ICD-10-CM code set.

Strong Support from Industry Partners

AMA

NCQA Measuring quality. Improving health care.

AHCCCS Arizona Health Care Cost Containment System

NATIONAL ASSOCIATION OF Community Health Centers

ICD-10 Committee Timeline

April/May 2019: Two-month comment period

Nov. 2019: Committee decision, next steps

Nov. 2020: If approved, new codes available for adoption and use

Social Determinants of Health by the Numbers

133,624
SDoH barriers identified by members

89,136
Referrals made

$106.4M
Value of services provided to members

Top 5 social barriers to care in Texas

#	Barrier	
1	Lack of adequate food and safe drinking water	24,023
2	Unable to pay for utilities	22,099
3	Unable to pay for transportation for medical appointments or prescriptions	14,761
4	Unable to pay for medical care	10,356
5	Need for assistance at home and no other household member able to render care	9,581

Texas Initiatives

UHC Houston Housing and Health:

- Supports medically vulnerable homeless Medicaid members persistently utilize ER

- Move members from bedside into units and wrap in…
  - Primary and specialty care (in collaboration with healthcare for the homeless FQHCs)
  - Social services
  - Entitlement linkages
  - Condition-based nutrition support
  - Behavioral healthcare

- 3rd year of these programs and expanding to 20 markets before end of 2019

Alief Clinic in Houston

- Improving access to underserved populations through…
  - Primary and specialty care
  - Social services
  - Behavioral healthcare

What Steps Can be Taken Now?

February 18, 2018

ICD-10-CM Cooperating Parties approved and the American Hospital Association (AHA) Coding Clinic published advice that allows the reporting of codes from categories Z55-Z65, based on information documented by **all clinicians* involved in the care of the patient**.

- Support the use of self-reported data. (AHA Coding Clinic will be recommending use to the ICD-10 Committee in August 2019)

- Document known social determinants of health (SDoH)

- Communicate this change to your organizations and billing staff

**Sheila Shapiro, SVP
National Strategic
Partnerships
Sheila_Shapiro@uhc.com**

Why Asthma

- Most common childhood chronic disease for PCHP members – 13.5%

- More common in Medicaid population

- Leading cost driver of preventable ER visits in children on Medicaid in Texas

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Community Health Plan, Inc.

Care. Compassion. Community.

PCHP Asthma Program History

- Launched the asthma disease management program in 2004 to including:

  - ✓ Home visits
  - ✓ Telephonic education
  - ✓ Managing **all** children w/asthma regardless of age

- Presented a paper on home visits in 2008 at the Disease Management Forum [recognized by Managed Care Executive as leader in Disease Management]

- In 2014, developed a predictive model with Parkland Center for Clinical Innovation (PCCI)

- In 2016, worked w/Dallas Area Interfaith to revise City Housing Code – the new code passed in 2017

- In 2018, launched a joint effort w/Region VI HHS EPA Office of Indoor Air Quality and Dallas City Code Enforcement Division

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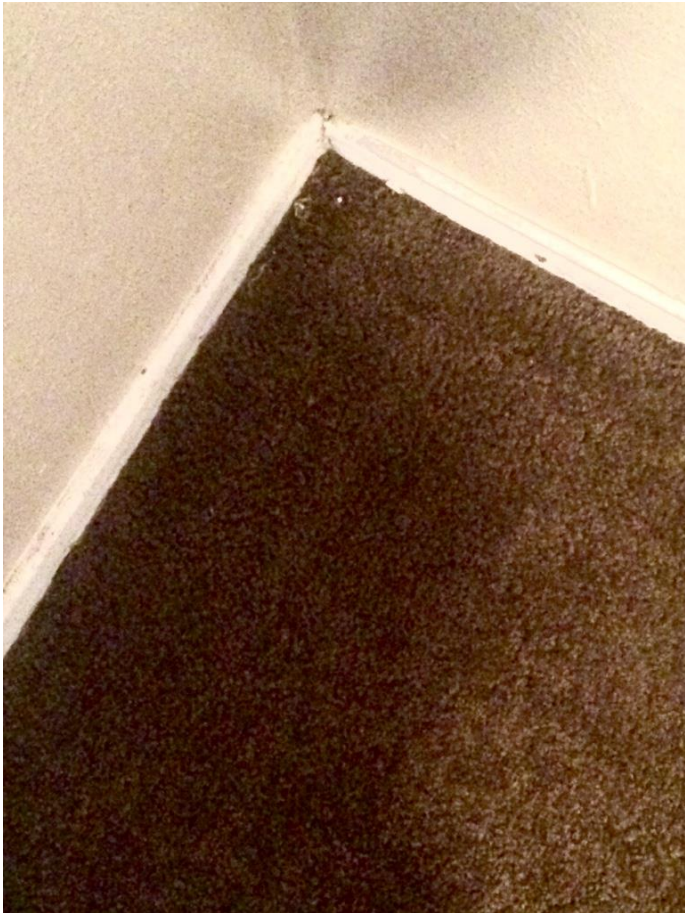
PCHP Asthma Program History

- Began working on the outdoor air quality through County Commissioner Office regarding zoning permits for polluting concrete plants in Joppa Community in South Dallas

- Dr. Barry Lachman has been leading the statewide initiative on Clinical Quality Network Project of American Academy of Pediatrics and Texas Pediatric Society

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Changing the Housing Code DAI

- Dallas Area Interfaith identified housing as a priority of those in Bachman Lake

- Walking tour of 11 apartment buildings

- Community Meeting attended by over 200 people

- Linked asthma to indoor air quality using Inner City Asthma Study and EPA publication

- Media outlets via Dallas Morning News and all Dallas TV news outlets

- Joint Statement supporting changes with landlord association

- New Code hailed as toughest in the nation passed by 13-1 vote w/one dissenter wanting tougher changes

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The Walkthrough –Moldy Carpet | Bulging Ceiling

At City Council

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Follow-up on Code Changes

- Convened meeting with Code Enforcement, EPA representative and PCHP staff

- Developed EPA approved environmental assessment for Health Coaches doing home visits

- Implemented program earlier this year

- Over 100 Housing units with assessments

- 2/3 have housing code violations that would effect asthma

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Asthma Severity by Zip Code
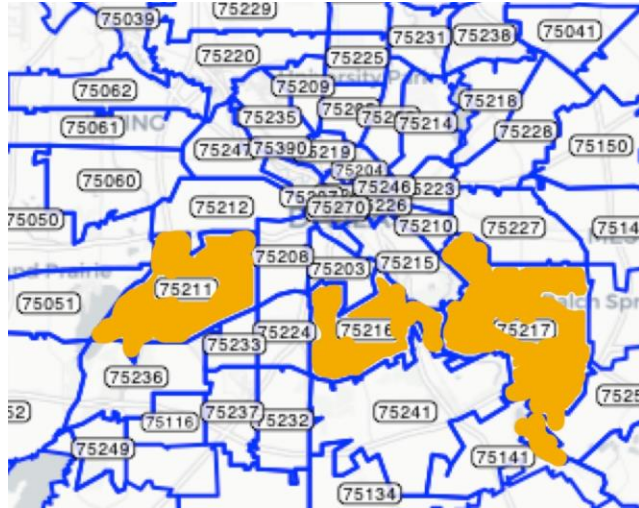
		Hi/Vhigh	total members	%total VHH
75216	Cedar Crest	863	6,487	13.3%
75217	South Dallas	954	9,103	10.5%
75211	OakCliff	688	6,598	10.4%
75228	East Dallas	520	5,711	9.1%
75165	Waxahatchie	181	2,623	6.9%
75212	West Dallas	86	3,215	2.7%
75060	Irving	133	4,337	3.1%
75149	Mesquite	51	4,006	1.3%
		3476	42,080	

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Next Steps

- Tenants afraid of landlord retaliation even though code makes it a felony to harass a tenant

- Working with UNT Public Health Student and with providers identified multi family residential housing as reason for high levels in the target zip codes

- Work with PCCI to develop block and address level geo mapping

- City Code Enforcement as agreed to do targeted code enforcement in high acuity areas

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