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

Shao-Chee Sim, PhD, Vice President for Applied Research, Episcopal Health Foundation
- Catherine Mitchell, MBA, EVP-COO (Interim CEO), Community Health Choice
- Sheila Shapiro, MBA, Senior Vice President - National Strategic Partnerships, UnitedHealthcare Clinical Services
- Barry Lachman, MD, MPH, Medical Director, Parkland Community Health Plan
Moving Upstream
How Health Plans in Texas Address the Social Determinants of Health (SDOH)

Shao-Chee Sim
September 4, 2019
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
Medical transportation and food are the most commonly addressed SDOH.

<table>
<thead>
<tr>
<th>SDOH</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical transportation</td>
<td>14</td>
</tr>
<tr>
<td>Food</td>
<td>14</td>
</tr>
<tr>
<td>Housing</td>
<td>10</td>
</tr>
<tr>
<td>Employment</td>
<td>8</td>
</tr>
<tr>
<td>Utility assistance</td>
<td>8</td>
</tr>
<tr>
<td>Education</td>
<td>6</td>
</tr>
<tr>
<td>Interpersonal safety</td>
<td>6</td>
</tr>
<tr>
<td>Legal barriers</td>
<td>4</td>
</tr>
<tr>
<td>Immigration status</td>
<td>3</td>
</tr>
<tr>
<td>Assistance w/ medical bills</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
</tbody>
</table>

Sample Size = 14
If reimbursable by Medicaid, most plans would invest in **food**, **medical transport**, **housing**, and **employment**

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food security</td>
<td>13</td>
</tr>
<tr>
<td>Medical transportation</td>
<td>12</td>
</tr>
<tr>
<td>Housing</td>
<td>12</td>
</tr>
<tr>
<td>Employment</td>
<td>12</td>
</tr>
<tr>
<td>Utility assistance</td>
<td>10</td>
</tr>
<tr>
<td>Education</td>
<td>8</td>
</tr>
<tr>
<td>Assistance w/ medical bills</td>
<td>7</td>
</tr>
<tr>
<td>Interpersonal safety</td>
<td>7</td>
</tr>
<tr>
<td>Legal barriers</td>
<td>6</td>
</tr>
<tr>
<td>Immigration status</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

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.
Plans’ biggest concerns about SDOH Work are **financial**.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net revenue to cover SDOH expenses</td>
<td>11</td>
</tr>
<tr>
<td>Restrictions on capitation dollars</td>
<td>10</td>
</tr>
<tr>
<td>Concerns about impact on future rate setting</td>
<td>10</td>
</tr>
<tr>
<td>Information about effective interventions</td>
<td>9</td>
</tr>
<tr>
<td>Administrative staff supports needed</td>
<td>9</td>
</tr>
<tr>
<td>Policies/regulations governing interventions</td>
<td>8</td>
</tr>
<tr>
<td>Strategies to address SDOH</td>
<td>6</td>
</tr>
<tr>
<td>Regional orgs addressing SDOH</td>
<td>4</td>
</tr>
</tbody>
</table>

Sample Size = 14
Among various technical assistance (TA) topics, plans were most interested in **strategies to address SDOH**.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Number of Plans Wanting TA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategies to address SDOH</td>
<td>9</td>
</tr>
<tr>
<td>Administrative staff supports needed</td>
<td>8</td>
</tr>
<tr>
<td>Information about effective interventions</td>
<td>7</td>
</tr>
<tr>
<td>Policies/regulations governing interventions</td>
<td>6</td>
</tr>
<tr>
<td>Net revenue to cover SDOH expenses</td>
<td>5</td>
</tr>
<tr>
<td>Concerns about impact on future rate setting</td>
<td>5</td>
</tr>
<tr>
<td>Regional orgs addressing SDOH</td>
<td>5</td>
</tr>
<tr>
<td>Restrictions on capitation dollars</td>
<td>4</td>
</tr>
</tbody>
</table>

Sample Size = 14
Screening, referral, and navigation are widely practiced by health plans.

Food insecurity and transportation were the top identified needs.

Funding & policy environment shape SDOH work with cost being a concern.

Health plans invest beyond members and report needing data/research on what works.

Key Takeaways
ADDRESSING THE SOCIAL DETERMINANTS OF OUR MEMBERS
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
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
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.)
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
Our Hypothesis

By building an infrastructure around social determinants of health, we can...

- Redefine health to consider the whole person – not just medical care
- Remove barriers that limit access to care and address health disparities
- Improve overall health and well being of all vulnerable populations
UnitedHealthcare’s SDoH Infrastructure: How it Works

- Various Data Sources
  - Clinical Systems
  - HSA
  - HouseCalls
  - Claims Data
  - Member Navigators
  - Point of Care
  - Self-reported Data

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

- Data Standardization

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

- ICD-10 Diagnosis Code Set Categories
  - Counseling
  - Economic Stability
  - Education
  - Employment
  - Health/Health Care
  - Personal Care
  - Respite Care
  - Social/Community

- Standard measurement of SDoH data

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

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

- Clinical Profile

- Transportation Vendors

- Social Referral Sources

- Network Provider Profile

- Member

- Clinician

- Physician

- Updated 8/19/19_V1. UnitedHealthcare Strategic Community Partnerships. Proprietary and confidential. Do not use without express written consent.
Recognized for incorporating **social determinants** into clinician workflow to improve care management and enhance health
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

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

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

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

<table>
<thead>
<tr>
<th>Rank</th>
<th>Barriers</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lack of adequate food and safe drinking water</td>
<td>24,023</td>
</tr>
<tr>
<td>2</td>
<td>Unable to pay for utilities</td>
<td>22,099</td>
</tr>
<tr>
<td>3</td>
<td>Unable to pay for transportation for medical appointments or prescriptions</td>
<td>14,761</td>
</tr>
<tr>
<td>4</td>
<td>Unable to pay for medical care</td>
<td>10,356</td>
</tr>
<tr>
<td>5</td>
<td>Need for assistance at home and no other household member able to render care</td>
<td>9,581</td>
</tr>
</tbody>
</table>

Data collected January 2017-June 2019
Updated 8/19/19_V1. UnitedHealthcare Strategic Community Partnerships. Proprietary and confidential. Do not use without express written consent.
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

---

*Clinicians* has been loosely defined according to the AHA. 2018 American Hospital Association | April 2018 www.aha.org

Updated 8/19/19_V1. UnitedHealthcare Strategic Community Partnerships. Proprietary and confidential. Do not use without express written consent.
What We All Can Do – Together

Sheila Shapiro, SVP
National Strategic Partnerships
Sheila_Shapiro@uhc.com
Social Determinants of Health and Asthma
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
PCHP Asthma Program History

- Launched the asthma disease management program in 2004 to include:
  - 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
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
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
The Walkthrough – Moldy Carpet | Bulging Ceiling
At City Council
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
## Asthma Severity by Zip Code

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

Total Hi/Vhigh: 3476
Total members: 42,080

*Graphic of map showing asthma severity by zip code.*
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