Reducing your state’s healthcare costs through SDoH care coordination

Presented by:
Richard Prudom, Secretary for the Florida Department of Elder Affairs
Lance Robertson, Director of Healthcare, Guidehouse
Manik Bhat, Vice President of SDoH Operations and Sales at WellSky
Background: The importance of social determinants of health
Social Determinants of Health (SDoH) are the key to value based care and are critical in a COVID environment.

The National Academy of Medicine reports that >40% of an individual’s health outcomes are driven by social determinants of health, which are health-related behaviors, socioeconomic factors, and environmental factors.
SDOH Problems to Address

ANALYSIS OF SDOH
Hard to Prioritize and Build Financial Case
Inconsistent visibility into the social needs affecting a population makes it difficult to prioritize interventions or allocate appropriate resources.

NETWORK TO PROVIDE SERVICES
No Accountability and Transparency
CBOs, payers, and providers struggle to close the loop on needs, share information, and align incentives

WORKFLOW TO COORDINATE
Fragmented Workflow to Coordinate Care
Teams across stakeholders don’t have standardized workflows or tools to coordinate services or engage members around SDOH

OUTCOMES
Proving ROI
Calculating financial or clinical ROI for social service interventions is difficult without the right data and reporting.
State perspective: How SDoH impacts costs and outcomes
Achieving effective SDoH care: Key concepts to partner effectively with community-based organizations
The Guidehouse Framework for SDoH

Level of Influence

Systems/Society
- Social Inequities: Class, race/ethnicity, gender, immigration status, sexual orientation
- Institutional Inequities: Business, govt., agencies, schools, laws, not-for-profits

Community
- Living Conditions: Physical and social env., land use, transportation, housing, toxins, employment, income, segregation, race/class/gender, occupational hazards, violence, social services, healthcare, education

Organization
- Risk Behaviors: Smoking, nutrition, physical activity, substance use, sexual behaviors, violence

Individual/Team
- Disease & Injury: Chronic and communicable

Mortality: Infant mortality, life expectancy

Interventions
- Enhancing Health Equity & Community Resiliency: Strategic Partnerships, Advocacy, Policy Dev
- Community Capacity Building, Civic Engagement, Social Networks, Built Environment, Env Health, Vector/Animal Control
- Health Promotion & Education, Screening, Preventive Services, Surveillance
- Health Care Access, Insurance, Case Mgmt

Upstream - Downstream

SDoH Interventions
- Institutional Inequities: Business, govt., agencies, schools, laws, not-for-profits
- Social Inequities: Class, race/ethnicity, gender, immigration status, sexual orientation

Downstream - Upstream

Level of Influence

Systems/Society
- Social Inequities: Class, race/ethnicity, gender, immigration status, sexual orientation
- Institutional Inequities: Business, govt., agencies, schools, laws, not-for-profits

Community
- Living Conditions: Physical and social env., land use, transportation, housing, toxins, employment, income, segregation, race/class/gender, occupational hazards, violence, social services, healthcare, education

Organization
- Risk Behaviors: Smoking, nutrition, physical activity, substance use, sexual behaviors, violence

Individual/Team
- Disease & Injury: Chronic and communicable

Mortality: Infant mortality, life expectancy

Interventions
- Enhancing Health Equity & Community Resiliency: Strategic Partnerships, Advocacy, Policy Dev
- Community Capacity Building, Civic Engagement, Social Networks, Built Environment, Env Health, Vector/Animal Control
- Health Promotion & Education, Screening, Preventive Services, Surveillance
- Health Care Access, Insurance, Case Mgmt

Upstream - Downstream

SDoH Interventions
- Institutional Inequities: Business, govt., agencies, schools, laws, not-for-profits
- Social Inequities: Class, race/ethnicity, gender, immigration status, sexual orientation
Fund Sources

MCOs and CBO networks can align beneficiaries with the appropriate fund sources to address SDoH and distribute cost of care.

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Medicare and Dual-Eligibles</th>
<th>Safety-Net Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMD-21-001 Indicates Authorities that can address SDOH:</td>
<td>• Medicare can address SDoH through special plan structures</td>
<td>• Older Americans Act</td>
</tr>
<tr>
<td>1905(a) State Plan</td>
<td>• Medicare Advantage Plans</td>
<td>• Mental and Behavioral Health Services</td>
</tr>
<tr>
<td>HCBS</td>
<td>• Special Needs Plans</td>
<td>• Housing and Urban Development</td>
</tr>
<tr>
<td>1915(c)</td>
<td>• PACE</td>
<td>• SNAP</td>
</tr>
<tr>
<td>1915(i)</td>
<td></td>
<td>• TANF</td>
</tr>
<tr>
<td>1915(j)</td>
<td></td>
<td>• State and Local safety net resources</td>
</tr>
<tr>
<td>1915(k)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 1115</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managed Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>115(a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1932(a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1915(a),(b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 1945</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PACE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Laying the Groundwork: SDoH in Medicaid Managed Care

State Contract Provisions Related to SDoH, 2019

| Provision                                             | Percentage | Notes
|-------------------------------------------------------|------------|-------
| Member education for SDoH                            | 5          |       
| Care coordination spanning SDoH                      | 11         |       
| SDoH quality performance measures                    | 17         |       
| Dedicated managed care organization staff             | 10         |       
| Social determinant expenditure requirements/incentives| 3          | Potential growth area
| Managed care/social service provider relationship      | 31         |       
| Collection and reporting of social determinant information | 7          | Potential growth area
| Value-added services that involve paying for social determinant-related interventions | 7          | Potential growth area
| Social determinant screening in primary care          | 24         |       

Source: Sara Rosenberg et al., *How States Are Using Comprehensive Medicaid Managed Care to Strengthen and Improve Primary Health Care*

State Medicaid Director Letter 21-001 Outlines possible SDoH provisions and payment methods.

- Assessing enrollees for SDoH needs
- Referring enrollees to SDoH services
- Tracking referrals to social services
- Including community health and social service workers in care coordination teams
- Requiring plans to contract with community-based organizations with expertise in addressing SDoH
Envisioning CBOs in an MCO SDoH Network

CBOs can link MCOs and providers to wrap-around home and community-based services... but must receive reimbursement to maintain sustainability.

Medicaid Managed Care Organizations

- Provide plans that involve financial risk to the payer.
- Payer goals are to:
  - Decrease total cost of care
  - Improve quality measures
  - Address state-level health initiatives

Medical Provider Organizations

- Receive payments from multiple payers with a focus on performance measures. Provider goals are to:
  - Reduce total cost of care, especially in PM/PM or other risk-bearing agreements
  - Improve patient compliance with measured interventions
  - High-cost / high-utilization populations consume ~80% of care (and cost)

In-home and wrap-around services

CBO Network

Provide coordinated complex care services to older adult and chronic-care populations proven to improve quality and reduce total cost of care.

Payer and CBOs work together to drive down TCOC and share financial benefits through alternative payment methods.

Providers and CBOs co-manage key populations and share in cost savings.
Measuring MCO Return on Investment

How can the CBO network create savings that exceed partnership costs?

MCOs can use CBOs to drive down total cost of care through effective service mix design that addresses key cost-related factors.

Examples:
- Fall risk in older adults
- Chronic disease management
- High utilization due to mental behavioral health concerns.

Examples:
- Enhance preventative care measures
- Improve care coordination for complex populations
- Improve overall health outcomes
Understand there is a continuum in how payors are partnering with community-based organizations.

**Least rigorous level of partnership**
- Potential focus: Referral patterns, Capacity building, Cross-Sector education and learning, Maximizing use of existing resources
- Requires: Shared population, shared interest, aligned outcomes, and targets

**Moderate level of partnership**
- Potential focus: Covering a resource gap, Serving an under-served or unserved population, Developing formal contract / agreement for use of plan-contributed resources
- Requires: Partners who can manage and execute using infusion of resources, understand of gaps, contractual agreement to maximize use of funds

**High degree of partnership**
- Potential focus: Identify resources to co-invest in (i.e. housing), Addressing regulatory barriers or cross-sector differences, Developing data and resource sharing agreements, Sustainability planning
- Requires: Trusted partners, shared cross-sector objectives and goals to address a finite gap, resource sharing

<table>
<thead>
<tr>
<th>Minimal Dependence on Health Plan for Funding / Resourcing</th>
<th>Co-Invest and Braid Funds to Deliver Social Determinants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Least rigorous level of partnership</td>
<td>High degree of partnership</td>
</tr>
<tr>
<td>Least rigorous level of partnership</td>
<td>High degree of partnership</td>
</tr>
<tr>
<td>Moderate level of partnership</td>
<td>High degree of partnership</td>
</tr>
<tr>
<td>High degree of partnership</td>
<td>High degree of partnership</td>
</tr>
</tbody>
</table>
Challenges and Opportunities: CBO Business Acumen

CBOs may require business acumen training to meet MCO quality requirements.

Most CBOs operate as publicly funded and grant-receiving organizations.

- Grant / program goals clearly defined
- Up-front or guaranteed funding
- Reporting identified in grant / program description

CBOs must be ready to meet commercial payers / providers on their terms.

- Contract terms address dynamic market conditions
- Varying reimbursement methodologies – including risk-bearing arrangements
- Contract evaluation determined by impact on industry measures or return on investment
- Financial risk and reward structures vary by contract.
• Building a Community Integrated Health Network (CIHN)
• ElderSource will function as the Network Lead Entity (NLE)
• Provide HCBS services
• Major goals:
  • Gap Analysis
  • Staff/Leadership/Governance
    • Most attractive services: CM, transition, Caregiver supports, CDSME, Falls assessment, housing, etc.
• Financial modeling
• IT Infrastructure
• Quality Assurance
• Readiness Assessments
• ACL grant awardee

“Hub for coordinating the services of the wider network, provide a unified and consistent approach to program delivery across a geographic area”
Scaling the Partnership Strategy
How CBOs can address key performance gaps.

**Evidence-based programs** that educate and support self-management of chronic diseases decrease clinical non-compliance and improve overall health.

**Mobility and Exercise programs** reduce the incidence of falls and related physical injuries in older adults.

**Functional and Specialized Assessments** can pinpoint health challenges that may be “invisible” during provider visits.

**Case Management** in community settings can improve adherence to follow up visits, medication management, and clinical treatment compliance.

**Transportation** scheduling and services can provide necessary non-emergency services to decrease missed visits.

**Nutrition Counseling and Home Delivered Meals** can improve adherence to clinical diet recommendations and provide nutritious meals, especially in food deserts.

**Follow-Up and Compliance**

**Chronic Disease**

**Missed Appointments**

**Nutrition**

**Targeted Interventions**

**Physical Injury**

**CBO Network**

**Targeted Interventions** for Chronic Disease, Physical Injury, and Missed Appointments are key components of the CBO network strategy.
Community Based Organizations can Support Payers / Providers

Decades of expertise in addressing social determinants and complex care

Build vs Buy

• Payers and providers are building networks to address SDoH and quality measures at great cost when an experienced network already exists with CBOs

Existing CBO Programs produce ROI for Payers

• Evidence-based falls prevention programs show ROI between 36% to 509% of fall-related direct medical costs

• Challenges with medication administration result in 3 million nursing home admits with an annual cost of $14B

CBO Programs directly align with quality measures

• Falls Prevention and physical activity
• Home visits to support medication adherence combined with telephonic reminders
• Nutrition programs
• Case management for follow-up scheduling and attendance
• Evidence-based programs to support chronic disease management (e.g. diabetes)

1. A cost–benefit analysis of three older adult fall prevention interventions
Panel discussion:
Addressing SDoH effectively in today’s environment
Q&A: What issues does your state face when addressing SDoH?
Visit WellSky at booth #405 to learn more about solutions to address SDoH