

CHCS

Center for Health
Care Strategies, Inc.

Texas Managed Care Organization Social Determinants of Health Learning Collaborative: Kickoff Meeting Summary

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Texas Managed Care Organization Social Determinants of Health Learning Collaborative Kickoff Meeting Overview

With support from the Episcopal Health Foundation and the Robert Wood Johnson Foundation, the Center for Health Care Strategies (CHCS), in collaboration with the Texas Association of Health Plans (TAHP) and the Texas Association of Community Health Plans (TACHP) convened the first in-person meeting for the MCO SDOH Learning Collaborative (LC) in October 2019. Participants attending the October 16 meeting included representatives from 12 Texas-based plans, the Texas Health and Human Services Commission (HHSC), TAHP, TACHP, the University of Texas Dell Medical School, and the Texas Medical Association. Below is a summary of meeting content, key opportunities for learning, and proposed next steps for the learning collaborative.

I. Kickoff Meeting Content Summary

- HHSC offered the context in which the state is trying to scale interventions designed to address SDOH, including building on the flexibilities afforded under DSRIP, leveraging the Blueprint for Healthy Texas, and the need to be responsive to newly introduced legislation aimed at improving maternal/child health.
- Tricia McGinnis, Executive Vice President at CHCS, provided an overview of state and MCO efforts to address SDOH, including MCO/provider/state partnership opportunities.
- Representatives from Parkland Community Health Plan, UnitedHealthCare, Superior HealthPlan, and Community Health Choice participated in a panel discussion focused on current MCO efforts to address SDOH, key operational challenges, and opportunities for alignment moving forward.
- Breakout sessions organized by key functional areas/requirements for MCOs explored key areas of interest/focus for the learning collaborative.

II. Key Opportunities for Learning

Addressing the Social Determinants of Health

- MCOs need a strategy/tools for identifying the leading social determinant needs among their members. What is the process by which MCOs decide to focus on asthma, for example?
- MCOs expressed interest strategies for coordinating and aligning SDOH community needs assessments and intervention approaches across plans so that interventions have more impact.

Engaging Non-Traditional Providers

- MCOs are interested in understanding strategies to reimburse non-traditional providers, and examples of how other states have encouraged integration of CHWs into care teams.

Leveraging Financial Incentives

- The group discussed incorporating SDOH activities into broader QI efforts in order to evolve value-based payment model design and requirements.
- Participants noted the importance of developing provider incentives, including expanding, simplifying, or educating on available FFS codes (e.g., comprehensive risk assessment codes in the context of SB 748); “bonuses” for cooperative providers; and alternative payment models (including long-term and short-term metrics).

Provider Engagement and Education

- MCOs are interested in developing a comprehensive strategy to support to providers, and disseminate “best-practices” or guidance around social needs identification and referral.
- MCOs noted the opportunity to coordinate education and training for providers about promising workflows for identifying and addressing social needs among beneficiaries. Participants also discussed the potential benefits of centralizing training resources for care management staff and establishing a standard dataset to facilitate provider information sharing/knowledge transfer with MCOs.

Partnering with Community-Based Organizations/Local Resources

- Community-based organizations (CBOs) are in varying stages of readiness to partner with MCOs. Relationships with community partners have traditionally been informal, but as these relationships become more formalized CBOs could benefit from technical support, including with contract development, data sharing requirements, and data collection.
- MCOs would like to refine their strategies for assessing “ready/leading CBOs”, and identify how to streamline those partnerships across multiple plans.
- There is interest in ROI related to specific SDOH interventions, in support of further partnership building and “selling” internally and with external CBO/provider partners.

Data Collection/Quality Improvement Efforts

- Participants discussed potential opportunities for state-wide collaboration across plans and HHSC for design/collection of relevant and appropriate SDOH process and outcome metrics to track MCO/provider performance.
- There needs to be a long-term plan in place to reward MCOs/providers for addressing SDOH but there was recognition that this is challenging in the face of beneficiary churn.

Maternal/Child Health Initiatives

- There was discussion of key barriers to addressing maternal and child health, including 60-day postpartum eligibility period; siloes (e.g., between Healthy Texas Women and Medicaid); timely engagement of beneficiaries (auto-enrollment does not translate into engagement of a beneficiary); and delays in MCOs receiving data.
- Related specifically to maternal/child health initiatives, participants noted strong interest in Texas and national examples of best practices relating to:
 - Obtaining timely data (e.g., via access to EHRs)
 - Improving care management through provider education and communication
 - Member engagement strategies (e.g., potentially via apps – reminding client to sign up for Healthy Texas Women, for example)

III. Next Steps

State Guidance/Action

- Additional state guidance and additional opportunities for group discussion around appropriate MCO, provider and CBO roles related to:
 - Care management/care coordination standards
 - QI activities/requirements
- Comprehensive list of HHSC/state programs/funding opportunities that MCOs can tap into to pay for SDOH interventions.
- Consider developing a cross-plan roadmap and timeline to identify and address top social needs, accounting for geographic and product differences.

MCO Capacity-Building/Staffing

- Strategies for aligning MCO-led social needs assessments (and related tools/platforms) across plans/overlapping providers to ensure some standardization in interventions.
- Profiling promising practices among MCOs via Texas plan case studies that can be shared more broadly
- Pooling resources for educating/training plan staff and providers, including opportunities to centralize training resources for care management staff.
- Best practices for SDOH interventions – examples of “what’s worked” in other states.
- An inventory of training resources for CHWs and other non-traditional staff on screening/navigation would be helpful.

Partnerships with CBOs/Community Resources/Providers

- Strengthen MCOs’ ability to assess “ready”/leading CBOs.
- Alignment with Dell Medical School activities, including Factor Health Program.
- Explore MCO- and state-led efforts to build CBO capacity around contracting, data sharing and reporting requirements, including New York’s effort to tier CBOs and encouraging the creation of a CBO consortium.

CHCS will convene an MCO SDOH Learning Collaborative Advisory Group to provide input on specific activities and/or resources to address the aforementioned prioritized items.