



Moving Upstream

How Health Plans in Texas Address the Social Determinants of Health (SDOH)

August 2, 2019



Overview

- Today's Presenters
- Background
- Survey and Interview Results
- Discussion

Today's Presenters



Shao-Chee Sim

Vice President for Applied Research
Episcopal Health Foundation



Ian Villa-Watt

Evaluation Associate
Episcopal Health Foundation



Laurie Vanhose

Director of Policy and Government Programs
Texas Association of Health Plans



Kelley Longhofer

Vice President, Programs Management
Community First Health Plan

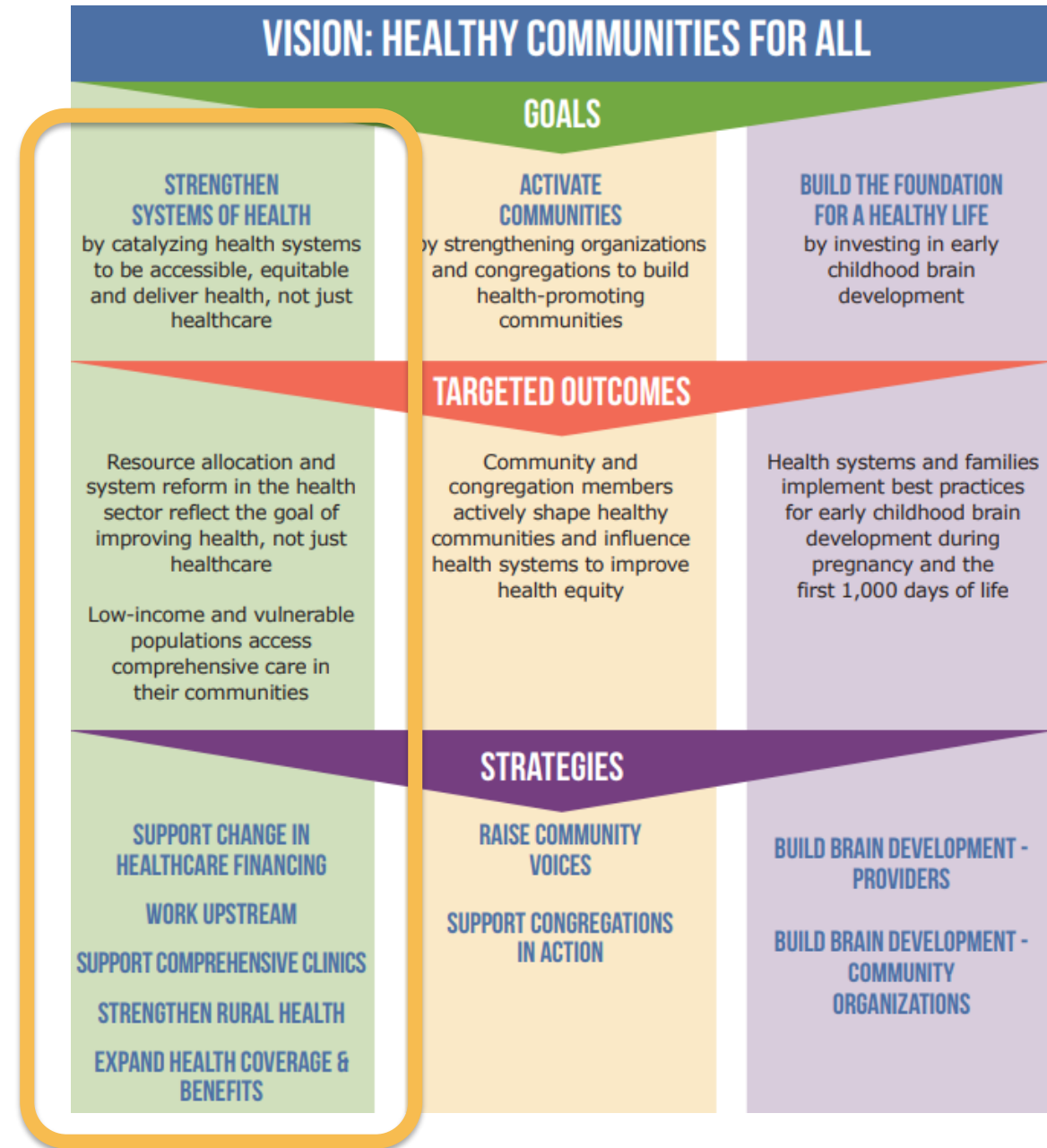


Jeremiah Simpson

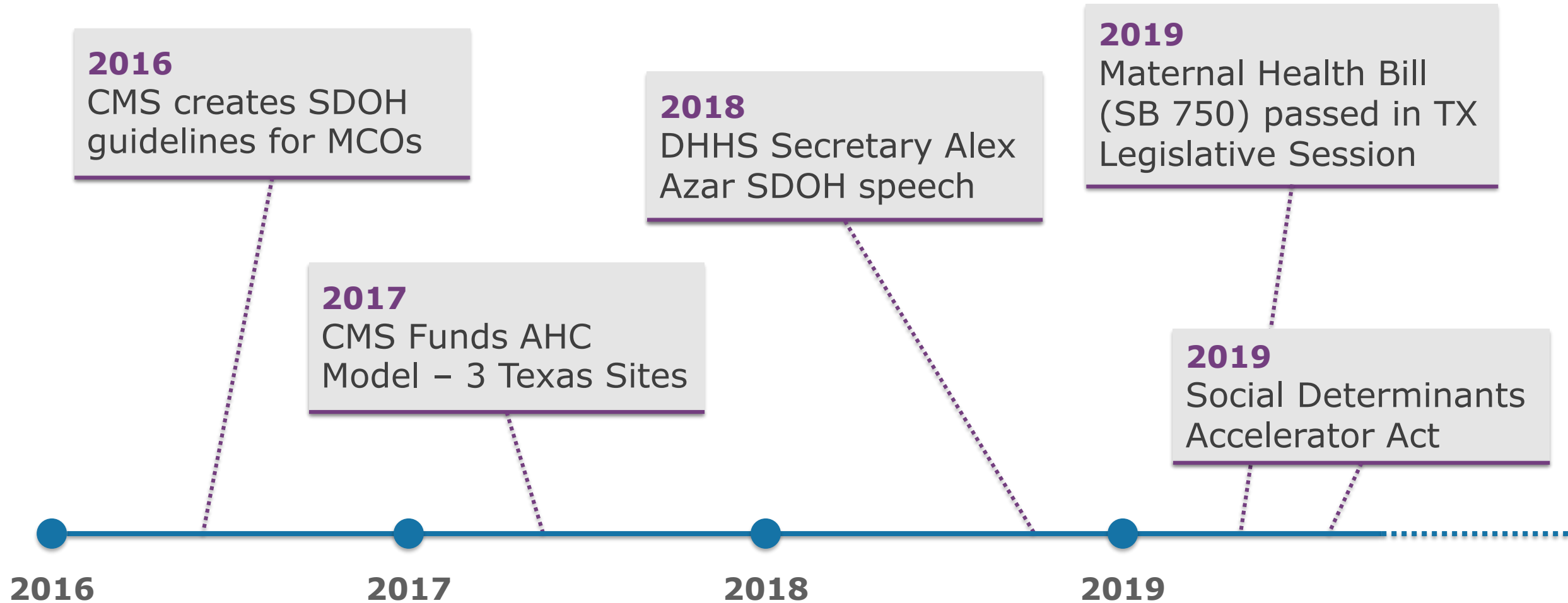
Executive Director
STAR Kids at Community First Health Plan

Introduction

- How does the work of clinics, community partners and MCOs fit together under EHF's strategic plan?
- Providing a broader context for SDOH work



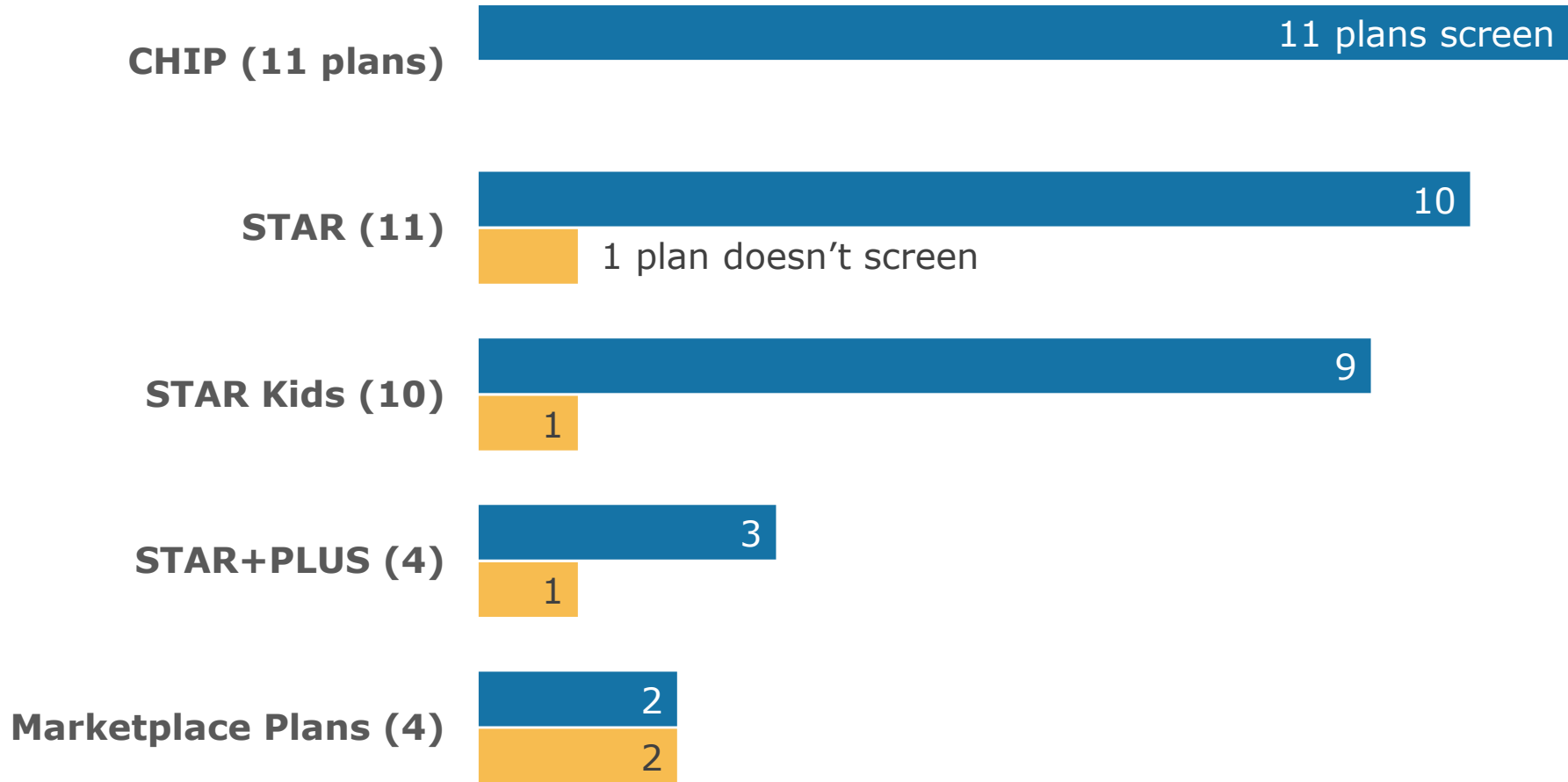
Policy Momentum for SDOH



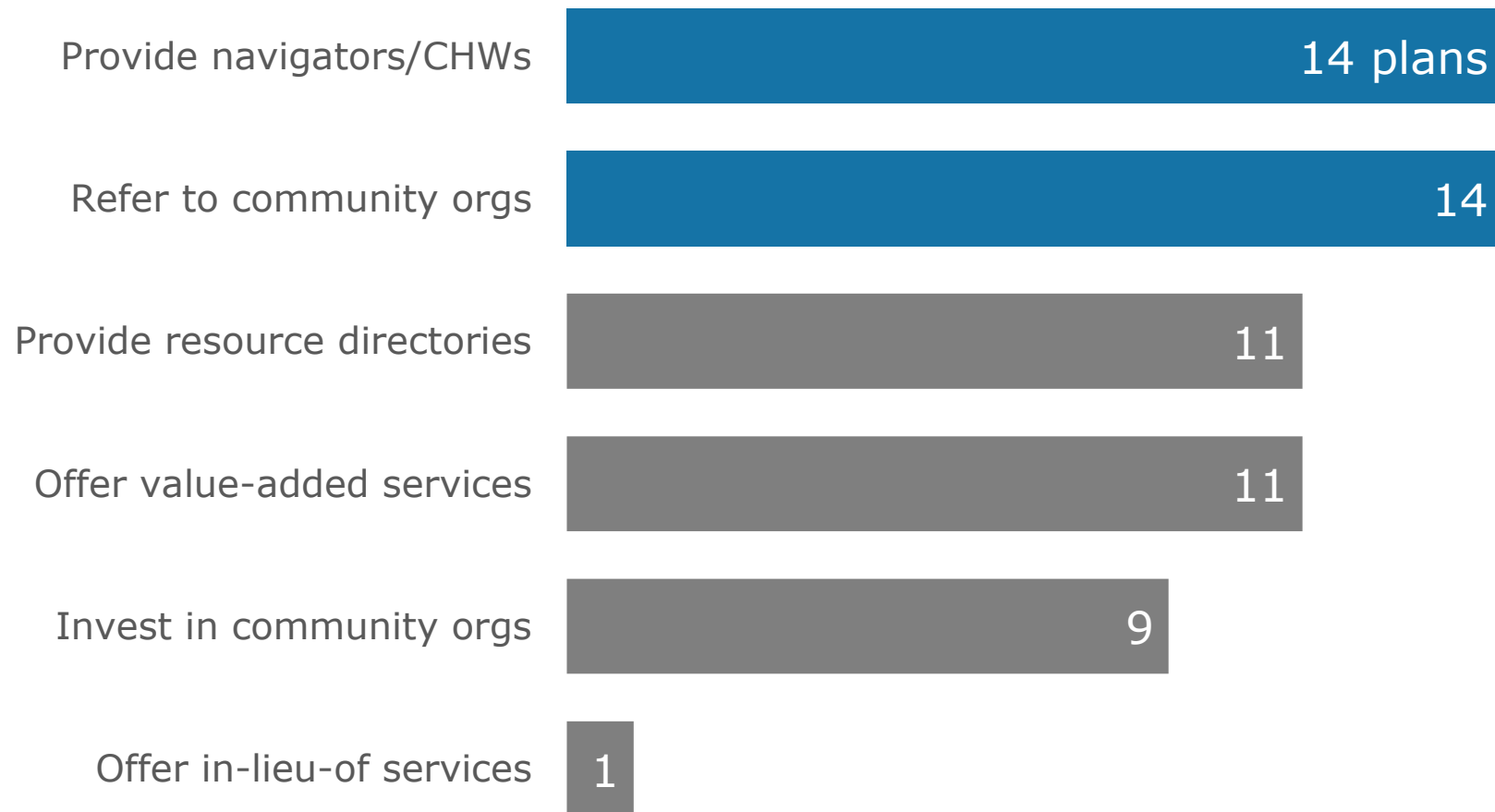
Background & Purpose

- An opportunity to identify:
 - Drivers of / barriers to SDOH investment by health plans serving Medicaid populations
 - Opportunities to strengthen SDOH work via technical assistance or other means
- Data collected from Nov 2018 to Feb 2019
- 14 respondents
 - 10 non-profit, 4 for-profit

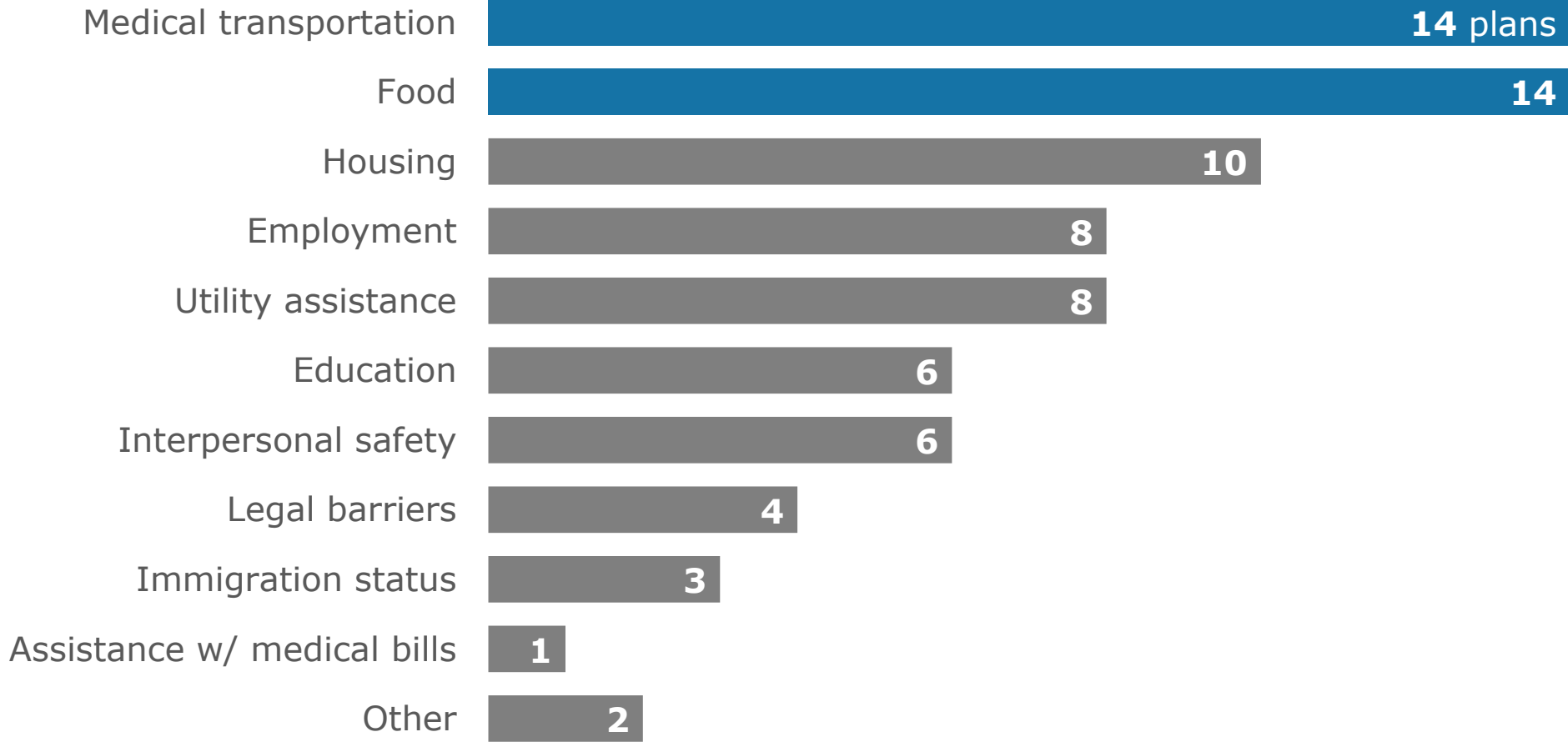
Most plans **screen members** for SDOH. However, screening varies across plan products and member risk.



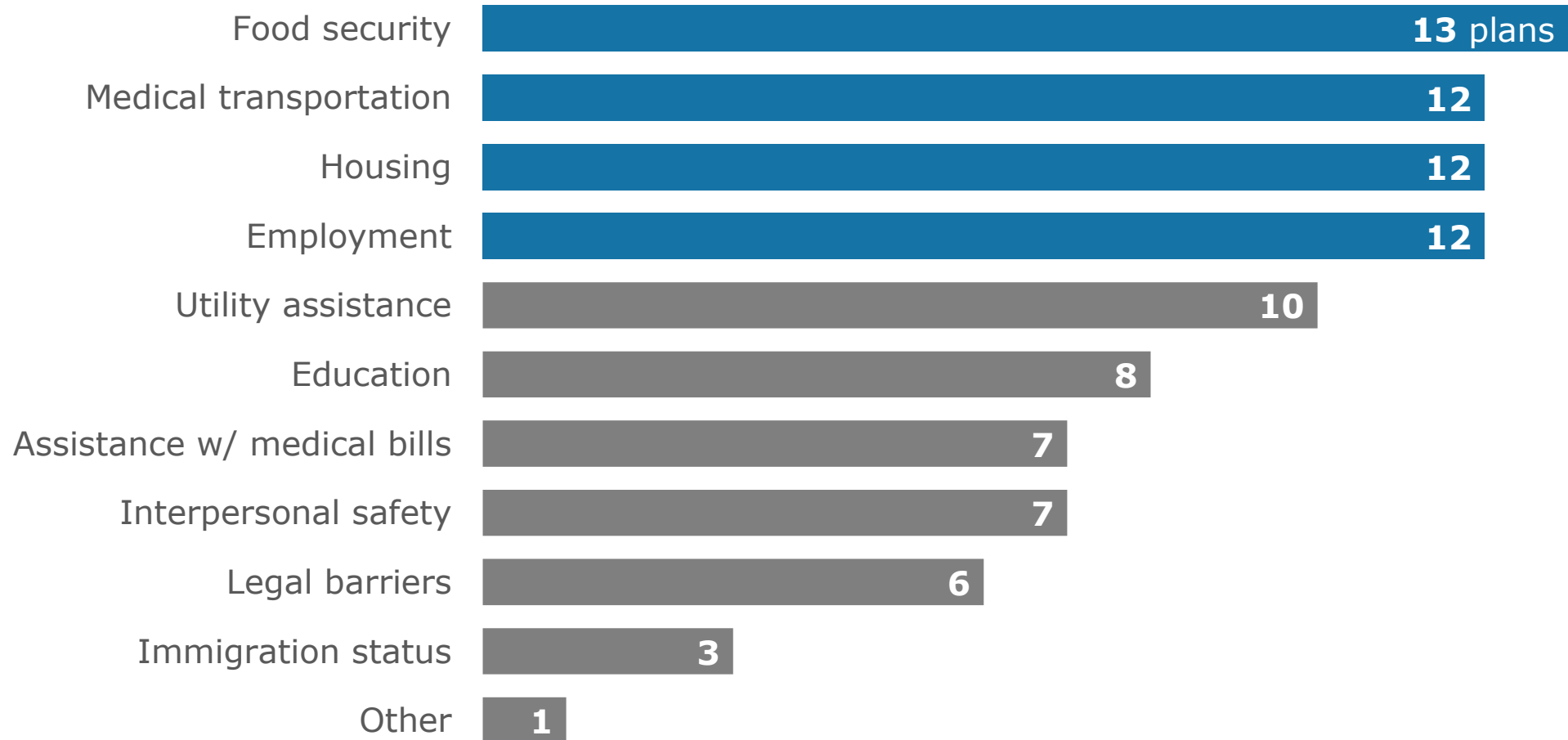
Most plans provide **navigators or CHWs** and **referrals to community organizations**.



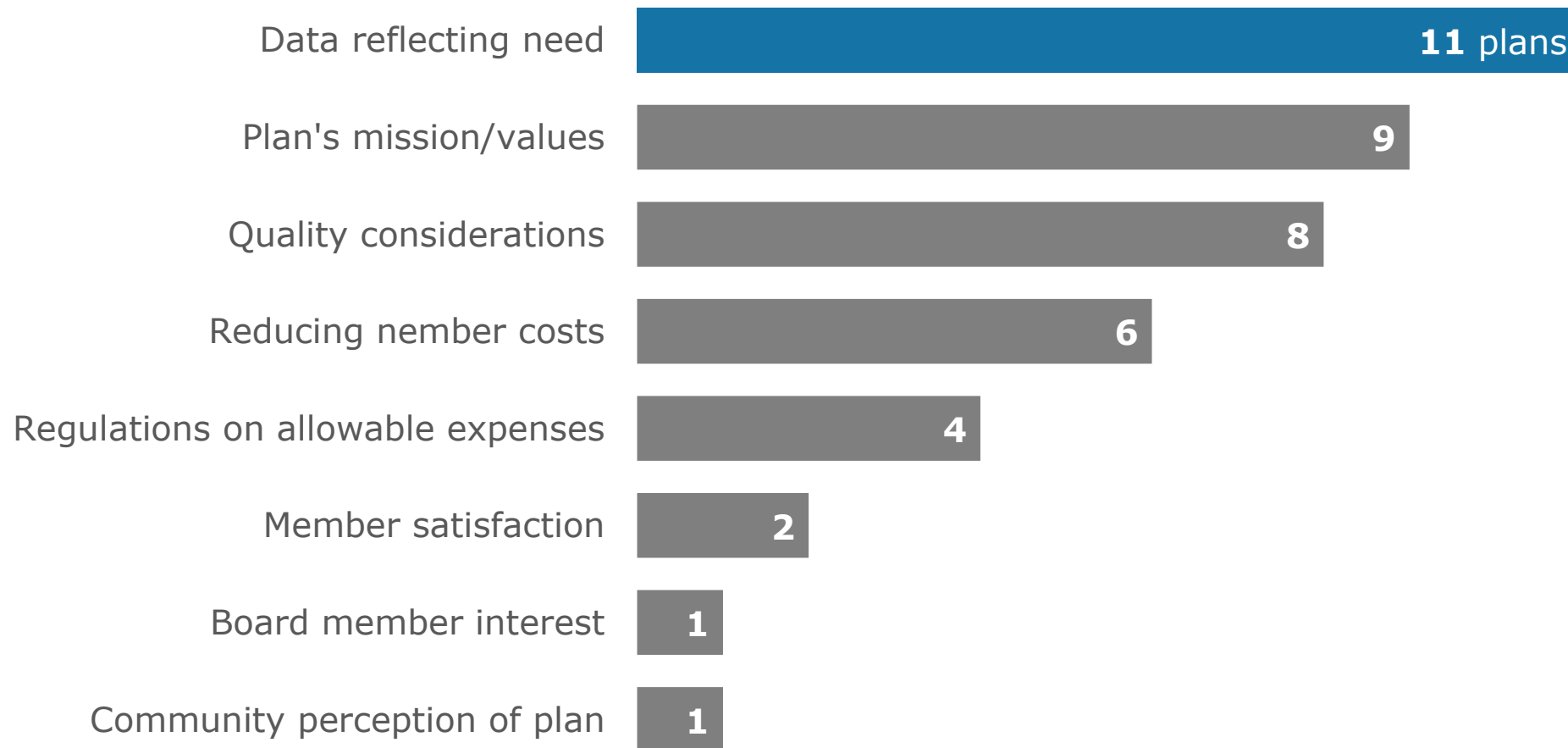
Medical transportation and **food** are the most commonly addressed SDOH.



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



Responding to **needs based on data** is the most common factor influencing plans' investment in SDOH.





10 out of 14

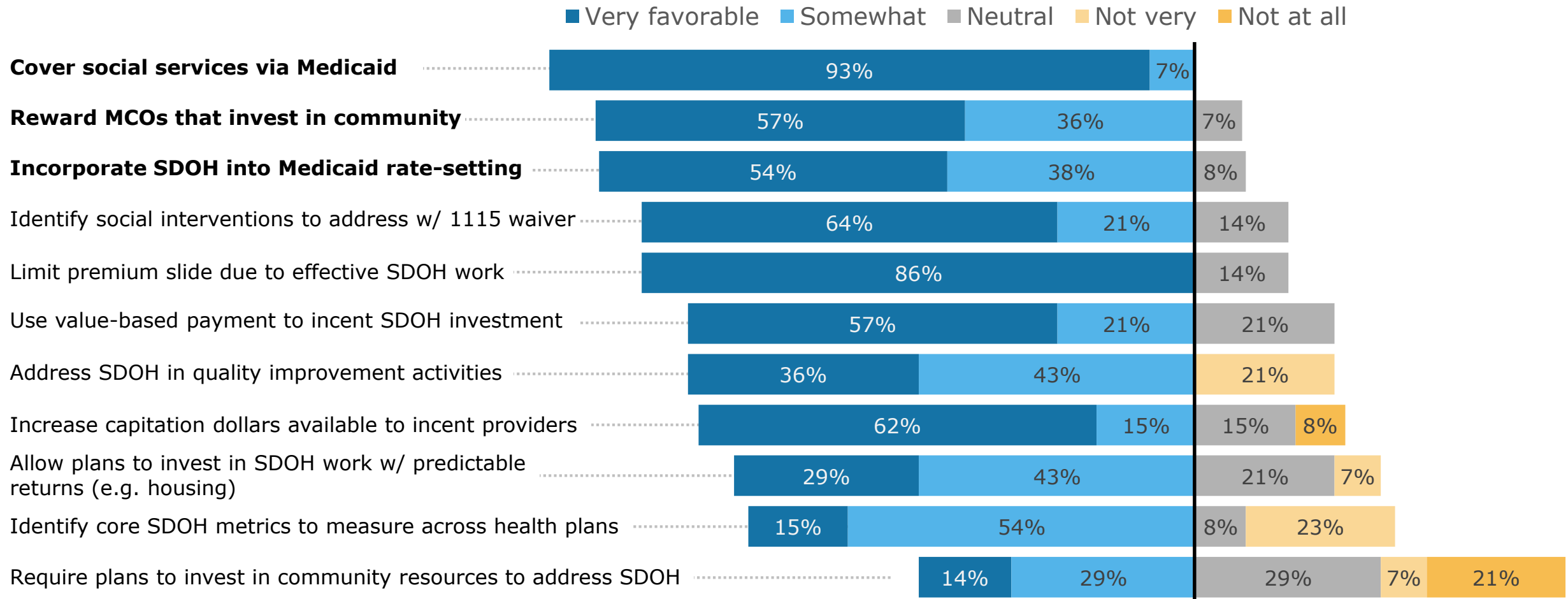
health plans said they do SDOH work that benefits the entire community, as opposed to their members alone

Plans recognize the importance of community-level investment, but there are **few incentives** for it.

I know we're competitors, but we're here to serve the community - in some cases maybe we could work together and both get credit for this work.

Right now the incentives are really toward work with members. All of our money comes from Medicaid. We have a high medical loss ratio – most of our money is spent on medical care. **I know that SDOH saves us money in the long run, but if I invest in the community and members don't stay with the plan, I don't see those returns.**

Plans view **reimbursement** and **other incentives** as the most favorable steps that government could take to boost investment in SDOH

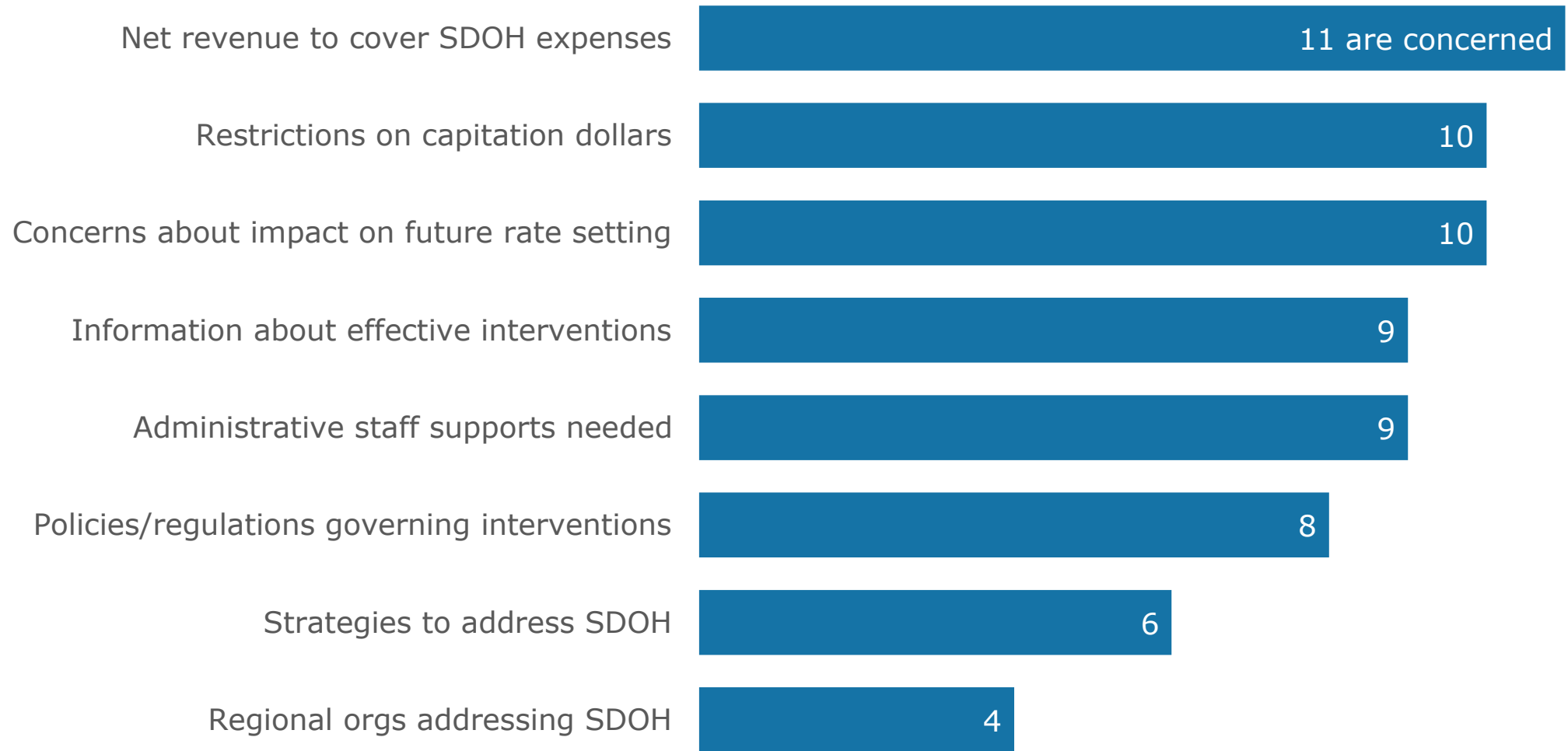


Plans expressed strong support for **incentives** to do SDOH work and suggested some ways this might be done.

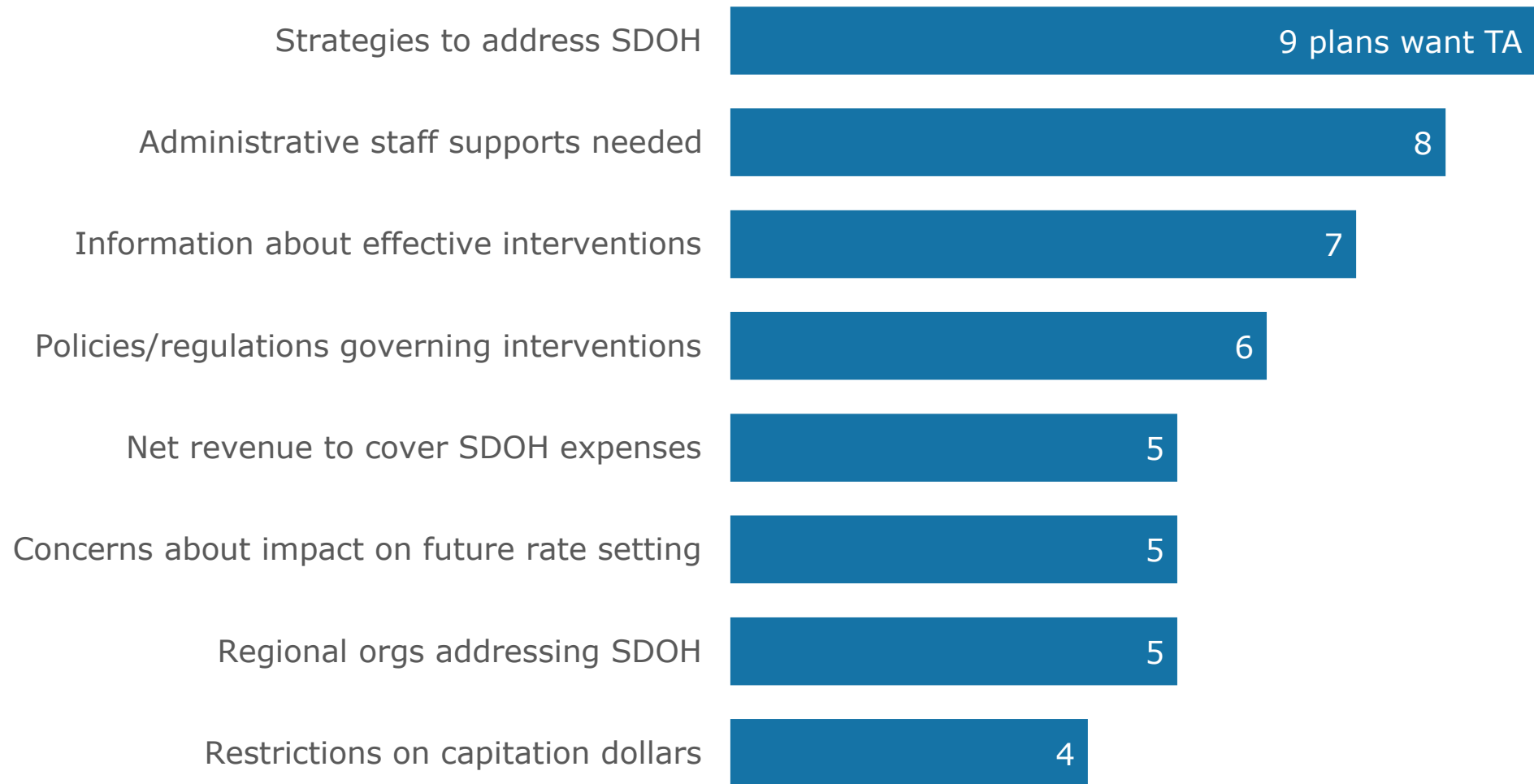
This stuff [SDOH work] needs to be included in what the state pays us. If we're hiring life coaches, that needs to be allowable in our administrative expenses. The cap on administrative spending needs to be raised and it needs to be built into the rate.

The money isn't always in the right buckets – we don't always have the right incentives to do that [invest in SDOH]. You have to have some trust. People need to be willing to give something up to get something.

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



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



Takeaways

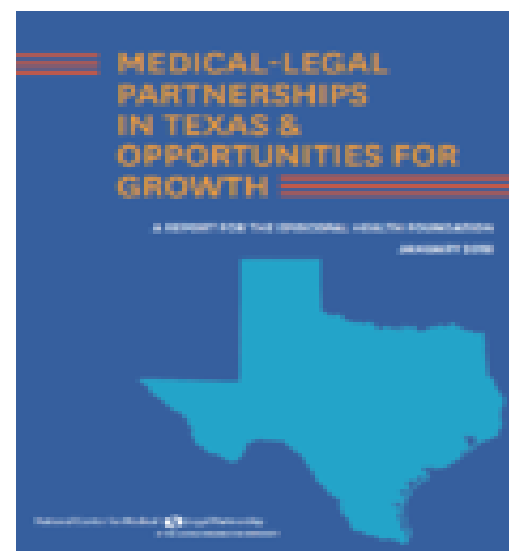
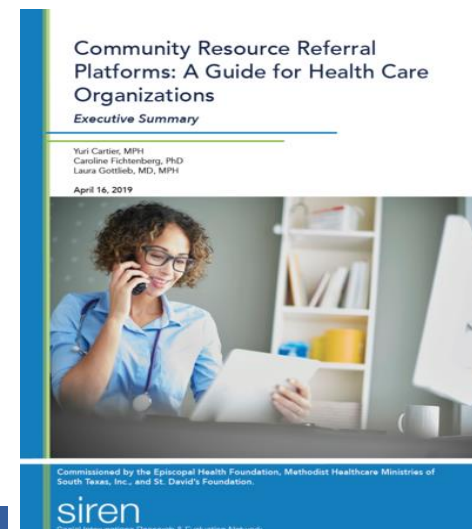
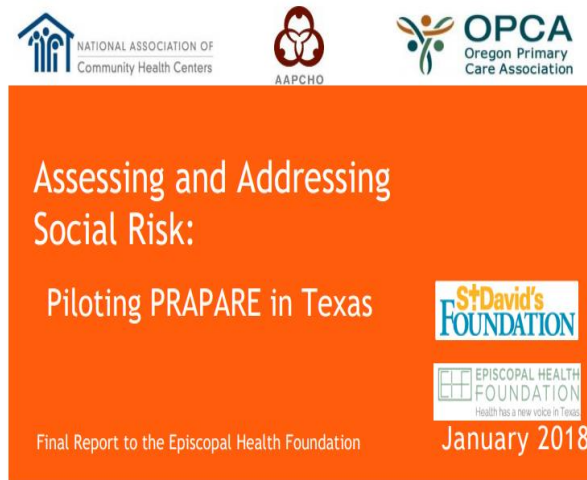
- Much like clinics, most plans screen for SDOH
- Community resource referral/navigation widely provided
- Top needs: food security, medical transportation
- Interest in housing tempered by cost concerns

Takeaways (cont.)

- Many plans invest in community beyond members
- Plans' SDOH work is driven by funding/policy environment
- Data matters, and plans want to know what works

Exploring What Works

- Resources from EHF
 - Evaluation of PRAPARE Pilot in Texas
 - Community Resource Referral Platform Guide
 - Medical Legal Partnership in Texas
 - Transportation & Health Access



Next Steps

- Growing interest in this work
 - Sessions at Texas Primary Care Consortium & Healthier Texas Summit
 - Presentations to TAHP medical directors, TACHP board
 - Meeting with Texas Medicaid Agency leadership

Discussion

Please submit your questions using the chat.



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