Social Determinants of Health (SDOH) Strategies During the COVID-19 Pandemic

Findings from a 2020 Survey of Managed Care Organizations (MCOs) in Texas

Prepared by:

Shao-Chee Sim, Jennifer Meier, Laurie Vanhoose and Kay Ghahremani

December 15, 2020

EPISCOPAL HEALTH FOUNDATION

Background and Purpose

The social determinants of health (SDOH) have risen to the forefront of health policy and health reform conversations during the COVID-19 pandemic. State Medicaid plans have an outsized role in addressing the SDOH challenges among Medicaid beneficiaries. In late 2018, the Episcopal Health Foundation (EHF) partnered with the Texas Association of Health Plans (TAHP) and Texas Association of Community Health Plans (TACHP) to conduct the first ever survey of Texas MCO SDOH investment strategies. The survey findings were widely shared among key stakeholders. An important spinoff project is the MCO SDOH learning collaborative facilitated by the Center for Health Care Strategies, a collaborative effort between the two health plan associations and Texas Medicaid that was supported by EHF and the Robert Wood Johnson Foundation (RWJF) in 2019-2020.

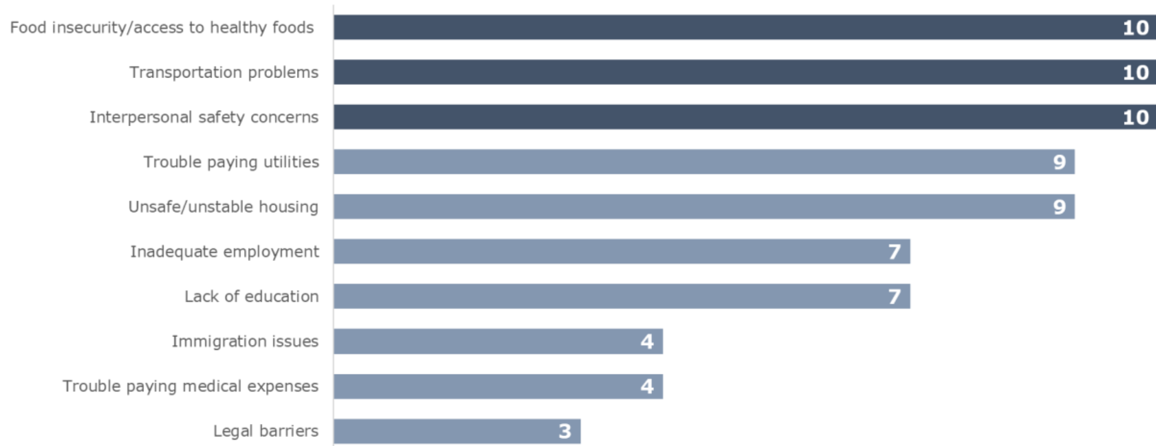
In October 2020, EHF, TAHP and TACHP launched a second statewide MCO survey to better understand the challenges and opportunities to address their Medicaid members' SDOH needs during the COVID-19 pandemic; support the learning collaborative discussion about facilitators and barriers to MCO SDOH investment; pinpoint knowledge gaps and technical assistance needs of MCOs relating to SDOH strategies; and identify potential alignment areas in policies and regulations to strengthen MCO SDOH investment.

The online survey was conducted from October 16, 2020 to November 30, 2020 via Qualtrics[i]. 13 out of the 16 MCOs responded to the survey, reflecting an 81% response rate. In the sections below, we will discuss the survey findings in the following domains: MCO SDOH screening and referral practice; SDOH services offered by MCOs; COVID implications on MCO work; MCO telehealth strategies; challenges and facilitating factors in SDOH investment; and barriers and technical assistance needs expressed by MCOs. We offer some major takeaways based on the findings, including a comparison between the 2020 and 2018 MCO surveys.

MCO SDOH Screening and Referral Practices

Eleven out of 13 MCOs (85%) routinely screen their Medicaid members for SDOH needs. Among those that offer SDOH screening, four of them provide SDOH screening to 100% of their Medicaid population while the remainder of the MCOs offer SDOH screening to between 20% to 50% of their Medicaid members.

However, not many of the MCOs use standardized SDOH screening instruments as only two have used SDOH standardized screening tools such as Hunger Vital Signs and Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE). Most respondents have developed their own internal SDOH screening tools using evidence-based questions. As Figure 1 shows, the most common domains included in SDOH screening tools used by MCOs are food insecurity and access to healthy foods; transportation problems; interpersonal safety concerns, including domestic violence; trouble paying for utilities and other basic living expenses; unsafe/unstable housing; and inadequate employment.



Similarly, 85% of MCOs, or 11 out of 13 respondents, currently use or are planning to engage a social service referral platform. Of this group, eight MCOs use Aunt Bertha as their social service platform while a smaller subgroup of them use a combination of Aunt Bertha and 211 as their referral platforms. Two MCOs are negotiating with potential referral platform providers and will be rolling out their social service referral platform in 2021 (see Figure 2).

For the most part, MCOs used various strategies to respond to their members' SDOH needs. 85% of the MCOs hire advocate/community health workers/navigators to make referrals (connect) their members with community-based resources. 77% of health plans develop specific SDOH interventions to address their members' SDOH needs (such as housing and job training resources). Yet 69% of MCOs invest in community organizations that address SDOH or offer a directory of community-based resources (see Figure 3). One MCO created a regional member advisory group to share information and seek feedback on their SDOH strategies.

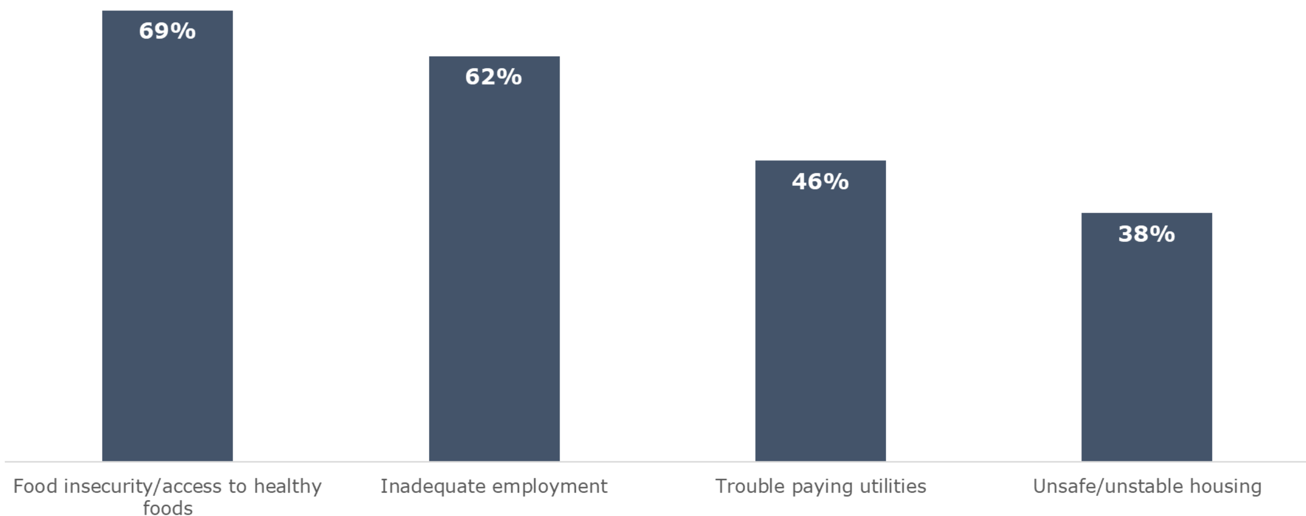
Figure 3. MCO strategies to address SDOH

MCO Response to the COVID-19 Pandemic

MCOs have relied on a variety of ways to identify their members' changing SDOH needs during the Coronavirus pandemic. They conduct outreach to their members via text, telephone, or written communication. Oftentimes their case management and service coordination staff interact with their members. Others also rely on their community-based organization (CBO) partners to work with their members.

During the COVID-19 pandemic, MCOs have seen an increased need to address food insecurity and access to healthy food; inadequate employment; trouble paying for utilities and other basic living expenses; and unsafe/unstable housing problems (see Figure 4). In working with nonprofit partners, health plans observed that many CBO partners were overwhelmed with increased social service needs but were short on funding resources. Several MCOs also made financial contributions to safety net clinics, area agency on aging, and food banks in their local communities.

Figure 4. Increased SDOH needs during the COVID-19 pandemic



Some MCOs have increased their capacity to provide social services during the pandemic through online platforms such as Zoom and SharePoint; telehealth technology; and in-person community outreach efforts to address their members' basic needs. Some plans have achieved these efforts by stratifying members' COVID-19 risk and social needs to develop proactive outreach to these high-risk members. The section below highlights some of the concrete actions MCOs have taken during the COVID-19 pandemic.

Online Platforms

"Giving our Service Coordinators access to the Zoom platform to perform virtual visits; Creating a SharePoint site for members in need of resources." - United Healthcare Community Plan of Texas

Telehealth Services

"We provided a campaign to link families to low cost/no cost internet access to enable their participation in telehealth and education. Also mailed blood pressure cuffs to high risk pregnant women to assist with telehealth visits." - Aetna Better Health of Texas

COVID Risk Stratification Strategy

"We developed a model for patients who were at the highest risk of serious complications from COVID-19 and distributed these ranked lists to our affiliated practices, upon which they were able to effectively prioritize outreach and care management activities."

- Dell Children's Health Plan

Community Outreach

"Home delivered meals for anyone quarantining; provided PPE as requested; referrals to Behavioral health for members experiencing isolation, exacerbation of conditions/symptoms; FQHC clinic donations." - Molina Healthcare of Texas

Financial Support

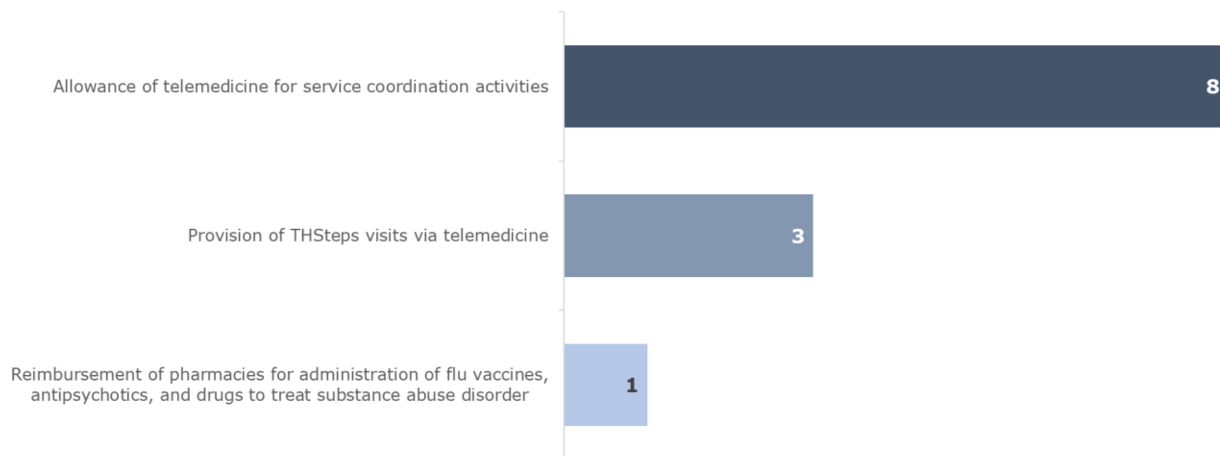
"More financial support to food banks and Area Agencies on Aging. Phones provided to allow for members to engage in telehealth." - Superior

Use of Telehealth and Telemedicine

All health plans have significantly increased their use and access to telemedicine and telehealth during the pandemic, with most seeing at least a 50% increase in virtual services. However, they identified three of the top barriers to expanding their telehealth capacity: member access to technology; member access to data/broadband services; and the telecommunication infrastructure. Other barriers MCOs experienced in providing telehealth services include regulatory/reimbursement issues, ensuring quality of telehealth visits, and accessibility for adults with disabilities.

During the pandemic, Texas Health and Human Services Commission (HHSC) implemented several telemedicine-related policy changes to help MCOs address the needs of their members. Eight MCOs (61%) indicated that they would like to see HHSC extend the policy beyond the pandemic related to granting allowance of telemedicine for service coordination activities, while the remaining MCOs prefer HHSC to continue to allow the provision of THSteps visit via telemedicine and reimbursement of pharmacies for administration of flu vaccines, antipsychotics, and drugs used to treat substance use disorder (see Figure 5).

Figure 5. MCO views on extending telemedicine policies beyond the pandemic



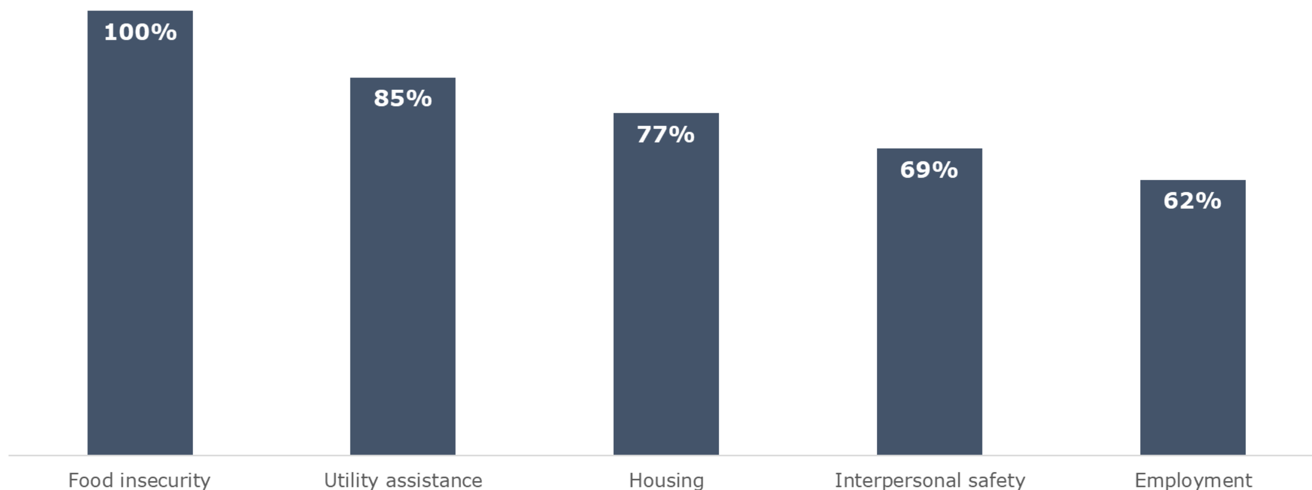
Factors Influencing MCO Investment in SDOH Interventions

MCOs identified four of the most important factors influencing their investments in SDOH interventions. Their decisions are driven by member and community needs data (SDOH screening results, community needs assessment findings); quality consideration; the mission and value of their organization; and compliance with federal and state policy/regulatory requirements. Other health plans noted reducing member cost and improving member satisfaction in influencing their SDOH interventions (see Figure 6).

Figure 6. Factors influencing SDOH investment

If HHSC classified SDOH investments as allowable quality improvement (QI) costs, MCOs are most likely to invest resources to address SDOH needs in the areas of food insecurity and access to healthy foods; affordability issues with utilities and other basic living expenses; lack of safe and stable housing; interpersonal safety, including domestic violence; and inadequate employment/economic insecurity (see Figure 7).

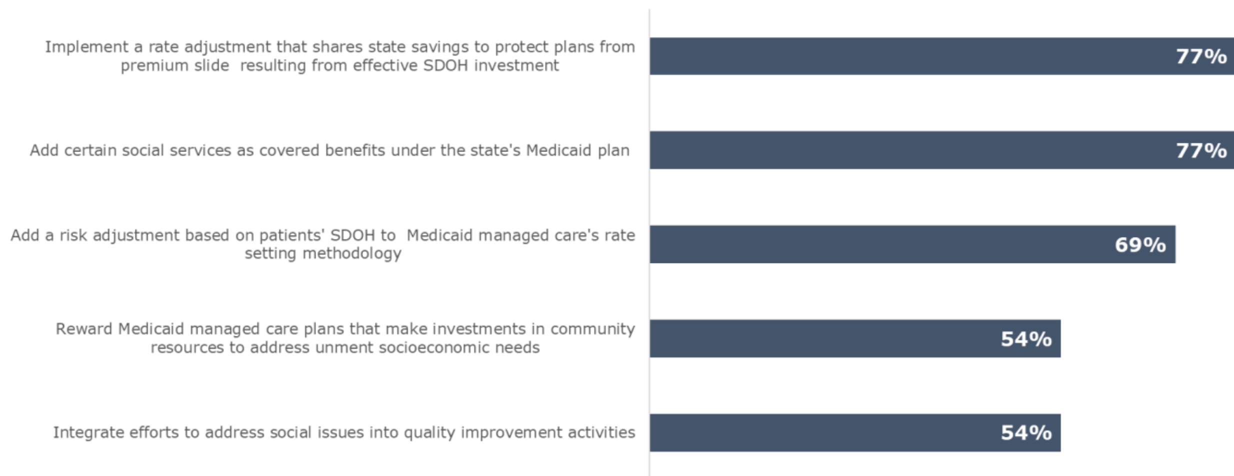
Figure 7. Most likely investment by MCOs if SDOH investments treated as allowable QI costs



Government Actions Favored by MCOs

When asked about steps that government agencies can take to facilitate MCO investment in addressing SDOH needs, MCOs expressed favorable views in five action areas (see Figure 8). The majority of health plan leaders (77%) have expressed the most favorable views in government agencies to add certain social services as covered benefits under the state Medicaid plan and implement a rate adjustment that shares state savings to protect plans from premium slide resulting from effective SDOH investment. Other favorable government actions are adding a risk adjustment based on patients' SDOH to Medicaid managed care's rate setting methodology; integrating efforts to address social issues into quality improvement efforts; and rewarding Medicaid managed care plans that make investments in community resources to address unmet socioeconomic needs.

Figure 8. MCO favorability for government action on SDOH interventions

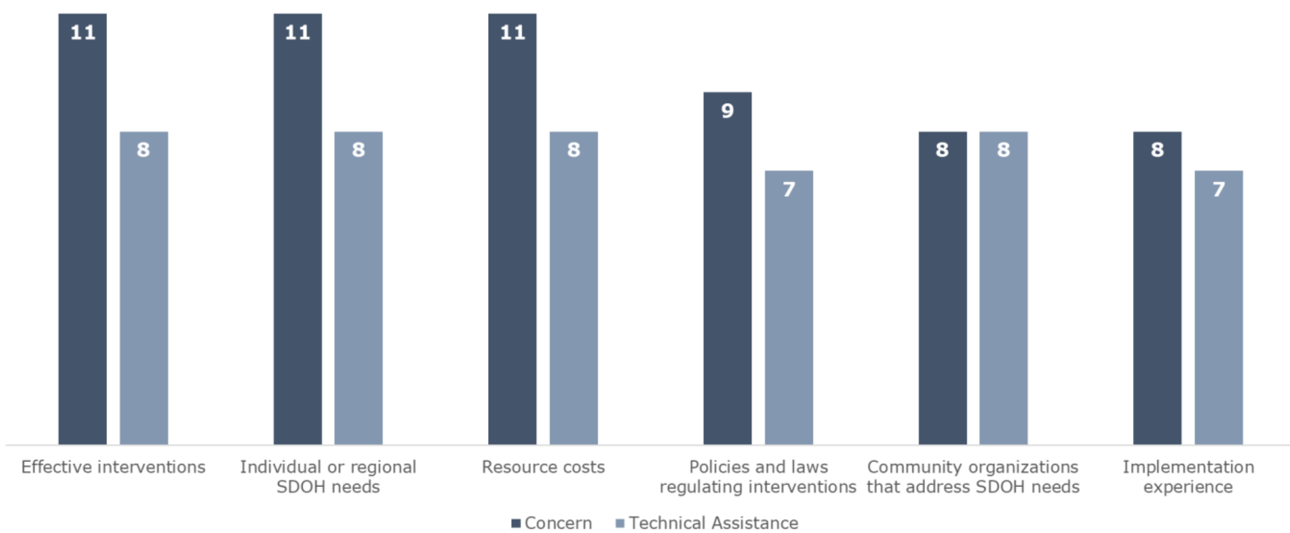


Challenges and Technical Assistance Needs Expressed by MCOs

When it comes to challenges, 11 health plans expressed difficulty developing effective SDOH interventions, identifying individual member or regional SDOH needs, and covering the cost of resources as the top three areas of concern. Other challenges/barriers to addressing SDOH needs include navigating policies and laws regulating interventions, connecting with community organizations to address members' SDOH needs, and experience implementing SDOH interventions. One MCO highlighted the need for a reliable strategy for contacting health plan members to assess SDOH needs and facilitating referrals and feedback loops with CBOs (see Figure 9).

Similarly, most of the health plans noted that they would like to receive technical assistance on many of these barriers to increase investment in interventions that address SDOH needs. The top four areas MCOs identified for technical assistance include effective SDOH interventions, individual member or regional SDOH needs, resource costs, and community organizations that address SDOH needs (see Figure 9).

Figure 9. Challenges and technical assistance needs of MCOs to address SDOH



Major Takeaways

The survey findings reveal several important insights into Texas health plans' SDOH strategies, especially during the unprecedented COVID-19 pandemic.

First, there are similarities between the 2018 and the 2020 MCO SDOH surveys. Health plan leaders continue to rate "data reflecting member needs," "mission and values," and "quality considerations," as the most important motivations in driving their organizational SDOH investments. Equally important, health plan leaders continue to raise concerns about having adequate and stable resources to support SDOH strategies. Plans also indicated that the most favorable steps that state government could take would be to add certain social services as covered benefits under the state Medicaid plan and to count SDOH investments when setting future rates.

Our survey also offers a landscape analysis on health plan practice regarding the use of standardized SDOH screening tools and SDOH referral platforms. Most health plans are using their internal customized SDOH screening tools as well as Aunt Bertha as their SDOH referral platform. More research is needed to figure out how the use of these screening tools and referral platforms have benefited MCOs work in addressing their Medicaid beneficiaries' SDOH needs. This could be an important topic for the MCO SDOH learning collaborative.

MCOs have observed a marked increase in SDOH needs during the COVID-19 pandemic. Some key areas include food insecurity; inadequate employment; trouble paying for utilities and other basic living expenses; and unsafe/unstable housing problems. These findings are remarkably similar to a recent Texas statewide poll of the COVID-19 pandemic. We also learned that most MCOs hire community health workers and navigators to connect their members with community-based resources as well as invest in community organizations addressing their Medicaid members'

SDOH needs directly. However, in addition to cost concerns, health plan leaders also expressed worry over the lack of clear evidence around which SDOH interventions are the most effective. As health plans consider further SDOH investment, more resources are needed to devote to understanding the evidence base in SDOH strategies as well as an approach to assess what works, what does not, and why.

Finally, one of the major milestones under the Delivery System Reform Incentive Payment (DSRIP) program's Transition Plan in Texas is to conduct an assessment of social factors of the state's Medicaid population to inform new program proposals, policy changes, and strategies for quality improvement in Texas Medicaid related to SDOH. This unique policy window has created additional momentum for health plans to invest innovatively to better address their Medicaid members' SDOH needs.

The COVID-19 pandemic has garnered significant attention to deep-seated health inequities and the important role of SDOH factors on health in Texas and nationally. We hope the survey will generate important insights and foster policy discussions to advance SDOH agenda for the state's Medicaid population.

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[i] The authors would like to acknowledge the assistance of colleagues from Center for Health Care Strategies in developing the survey questionnaire and feedback provided by colleagues at Texas Health and Human Service Commission.

APPENDIX A. MCO SDOH Survey Respondents

Health Plan
Aetna Better Health of Texas
Community First Health Plan
Community Health Choice
Cook Children’s Health Plan
Dell Children’s Health Plan
Driscoll Health Plan
El Paso Health
Molina Healthcare of Texas
Parkland Community Health Plan
Scott and White Health Plan, FirstCare Health Plans
Superior
Texas Children's Health Plan
UnitedHealthCare Community Plan of Texas