

MCO/Provider Collaborations to Address Social Determinants of Health (SDOH)

Texas MCO SDOH Learning Collaborative

March 26, 2021

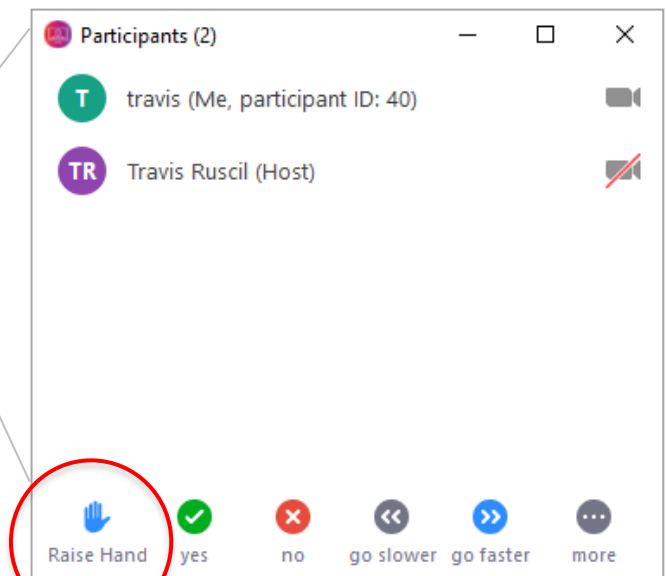
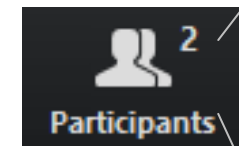
11:00am-12:30pm PM CT

With support from the Episcopal Health Foundation

Rules of Engagement



- This session is being recorded.
- Please keep yourself muted, except during Q&A and/or group discussion sessions.
- To ask a question, click the raise hand feature located at the bottom of the Participants window. We will call on you, and then you should unmute your line to ask your question.
- Feel free to keep your camera off when you are not presenting, but please turn it on during group discussion.



Meet Today's Presenters



Anna Spencer
Senior Program Officer
Center for Health Care Strategies



Palak Jalan
Chief Population Health Officer
Access Health



Shao-Chee Sim
Vice President for Applied Research
Episcopal Health Foundation



Jackson Griggs, MD, FAAFP
Chief Executive Officer
Waco Family Medicine



Ryan Van Ramshorst, MD
Chief Medical Director, Medicaid/CHIP
Services
Texas Health and Human Services
Commission

Meet Today's Reactors



Helen Kent Davis
Director of Governmental Affairs
Texas Medical Association



Jana Eubank
Executive Director
Texas Association of Community Health
Centers



Laurie Vanhose
Director of Policy, Government Programs
Texas Association of Health Plans

Agenda



- Opening Remarks
- MCO/Provider Collaborations to Address SDOH: An Overview
- AccessHealth: Palak Jalan
- Waco Family Medicine: Jackson Griggs
- Reactions and Insights
- Discussion
- Wrap Up

Health and Human Services Commissions

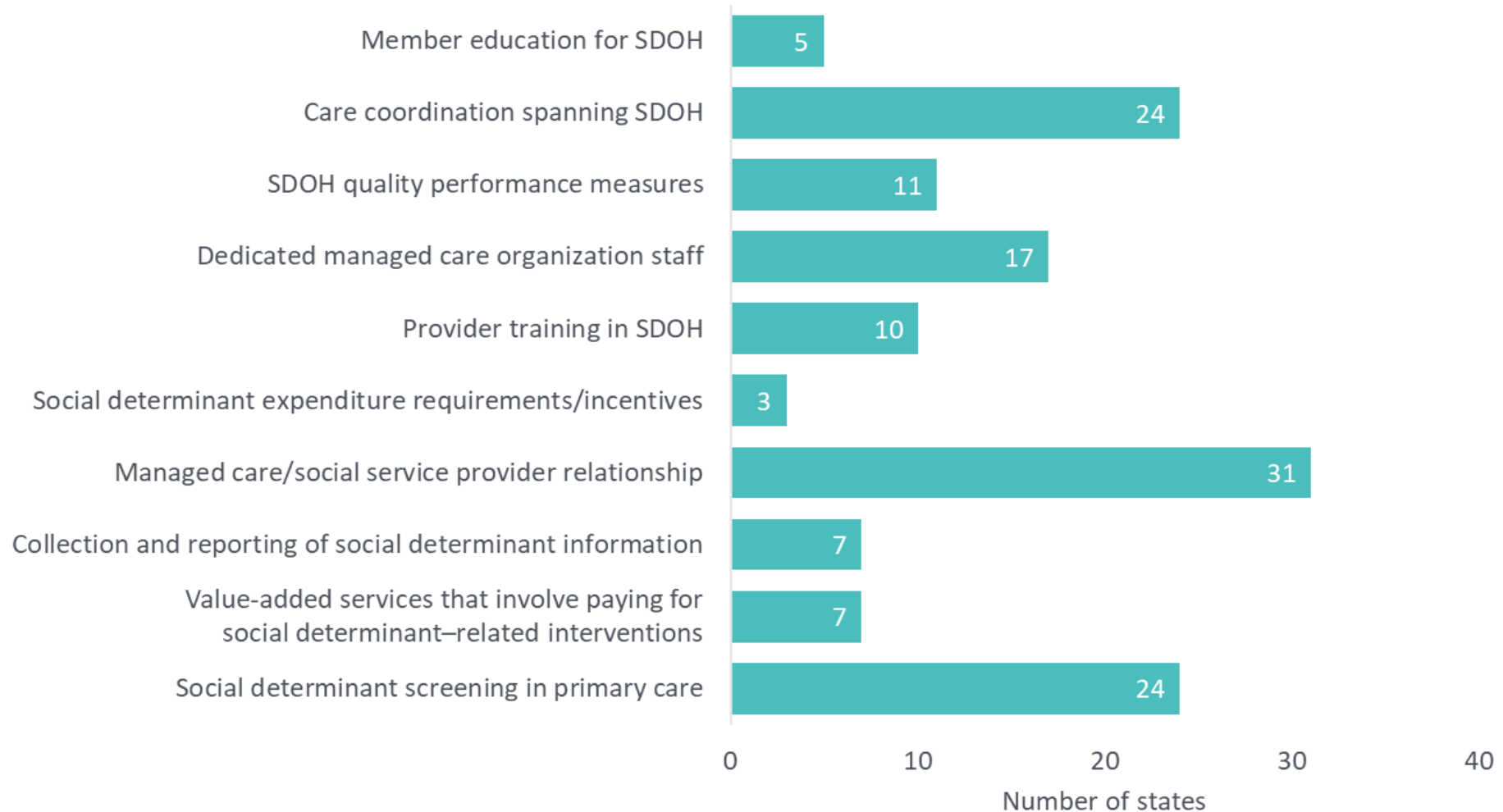
Dr. Ryan Van Ramshorst, Chief Medical Officer for Medicaid/CHIP

MCO/Provider Collaborations to Address SDOH: Overview

MCO/Provider Collaborations: Context

- MCOs, providers, and HHSC recognize the importance of SDOH as key drivers to health outcomes/costs
- Myriad efforts to assess and address SDOH
 - » Screening tools
 - » Partnerships with community-based/social service organizations
 - » SDOH-specific interventions and initiatives
- Providers more aware of patients' clinical/social needs

MCO/Provider Activities Related to SDOH



Community Health Plan of Washington (CHPW): APM Pilot

- Partnered with community health centers (CHCs) to better manage member health
 - » Included primary care, hospital, specialty, pharmacy, and behavioral health care providers
- CHPW supported the CHCs in this effort by:
 - » Providing incentives to encourage providers' adoption of population health management systems
 - » Supported development of SDOH screening tool
 - » Hosted practice coaching support and learning collaborative spaces with other providers to learn and grow together

United HealthCare Community Plan of Ohio: Pharmacy Extension Program

- Partnership with Ohio Pharmacy Association/community pharmacists
 - » Elevate pharmacists' role on care teams, serve as care extenders
 - » In community settings, identify and address clinical and SDOH issues for members
 - » Making needed connections to community-based resources, specialty care

Collaborations to Address SDOH: On the Ground Partnerships

Palak Jalan, BDS, MPH

AccessHealth

Chief Population Health Officer



AccessHealth



5 Medical Sites

- 4 in Fort Bend County
- 1 in Waller County

11 WIC Sites

- Across 5 Counties



Richmond	21%
Rosenberg	16%
Missouri City	10%
Stafford	8%
Houston	14%
Sugar Land	8%
Brookshire	3%
Rural Areas	20%

Needville, Fresno, Arcola, Wharton etc

AccessHealth Patient Service Areas



Patient Profile



20,000+ unduplicated patients served at
5 medical sites in 2019

90% of patients had household incomes at
or below 200% of the Federal Poverty Level

55% - Uninsured	30% - Medicaid/CHIP
12% - Private	3% - Medicare

90% of patients are minorities



Factors Affecting Health Outcomes

20%

Clinical Care

Access to Care

Quality of Care

\$3.5 Trillion

40%

Social & Economic Factors

Education

Employment

Income

Family & Social Support

Community Safety

30%

Health Behaviors

Tobacco Use

Diet & Exercise

Alcohol & Drug Use

Sexual Activity

10%

Physical Environment

Air & Water Quality

Housing & Transit

\$81 Billion



Social Determinants of Health: Access to Healthy Foods



Food Rx

Catholic Charities

Houston Food Bank

SNAP Benefits



DoorDash



Social Determinants of Health: Transportation

UberHealth

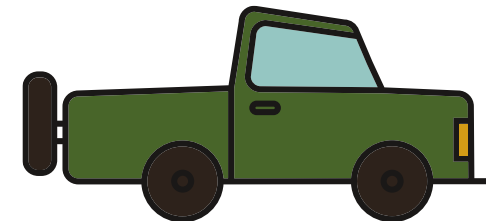
UBER
Health



Fort Bend Transit



Telehealth Services



Social Determinants of Health : Medical Legal Partnership



Lone Star Legal Aid

Social Determinants of Health : Parks & Open Space



Advocating for
Sidewalks

Measuring Impact



Food Insecurity Rate
Reduced
40% → 29%



No Show Rate
Significantly
Reduced



Safe Sidewalks
Built in the
Neighborhood



Improved
Mental Health
and
Well-Being



Medicaid Payer Breakdown

Community Health Choice Medicaid	26%
Texas Children Health Plan Medicaid	23%
UHC Medicaid	15%
TMHP WELL	13%
Amerigroup Medicaid	13%
Superior Health Plan Medicaid	8%
Molina Healthcare Medicaid	2%

Current Landscape

- Foundational Funding
- Internal Operations
- Amerigroup SDOHPIP
- UHC OB/Capacity Building Pathways



Future Opportunities & Considerations

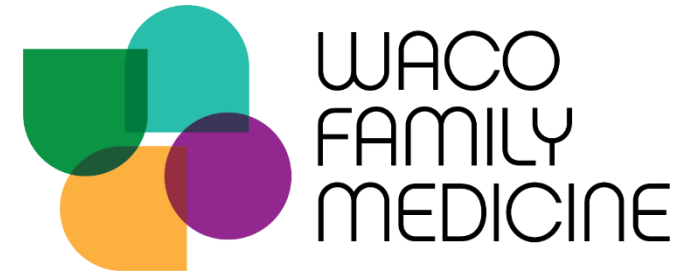
- High percent of uninsured patients
- Multiple plans with many requirements
- Short-term outcomes
- Long-term outcomes



Thank you!

Palak Jalan, BDS, MPH
Chief Population Health Officer
pjalan@myaccesshealth.org





Beginning the Journey

From exasperation to innovation

Jackson Griggs, MD, FAAFP
CEO, Waco Family Medicine



Who is Waco Family Medicine?



Who is Waco Family Medicine?

Community Health Center in McLennan & Bell Counties

- 15 sites / 570 employees
- 59,000 patients
 - 84% below FPL
 - 37% uninsured
 - 37% Medicaid
- Maternity Care @ 9 sites; average > 1,200 deliveries/yr
- Pharmacy / Lab / Radiology / Eligibility
- Winner of 2019 TAFP BHI Innovators Competition



GME

- FMRP
- Hospice & PC Fellowship
- Sports Med Fellowship
- Informatics Fellowship



A bait & switch?

Primary care is the provision of *integrated, accessible health care services* by clinicians who are *accountable* for addressing a large *majority of personal health care needs*, developing a *sustained partnership with patients*, and practicing in the *context of family and community*. - IOM, 1996

Complex, multi-morbid patients with underlying mental illness, low health literacy, encumbered by myriad structural social dilemmas... by one professional... in 15 minutes?



Anyone for a
new model?



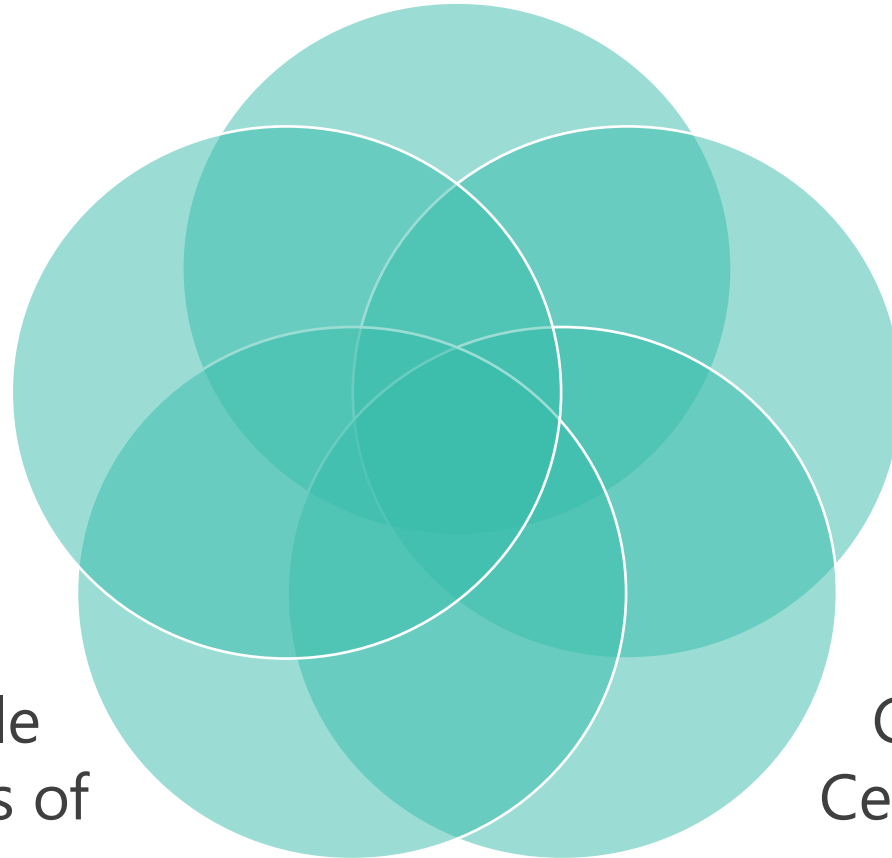
Community-Oriented
Primary Care

Patient
Centered
Medical Home

Biopsychosocial
Model

Accountable
Communities of
Health

Community-
Centered Health
Home

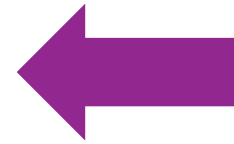


VALUE / EQUITY / SDOH

Health Care



Sick Care



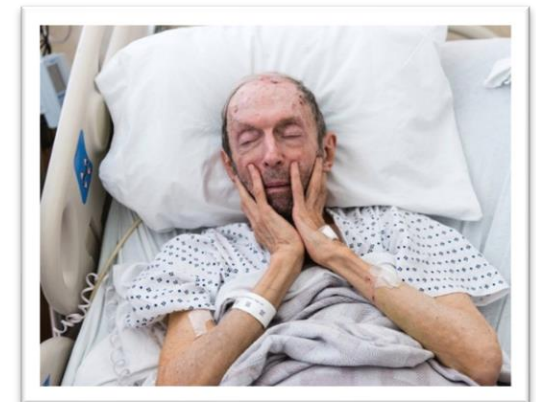
Social Determinants
of Health



Prevention in
Primary Care

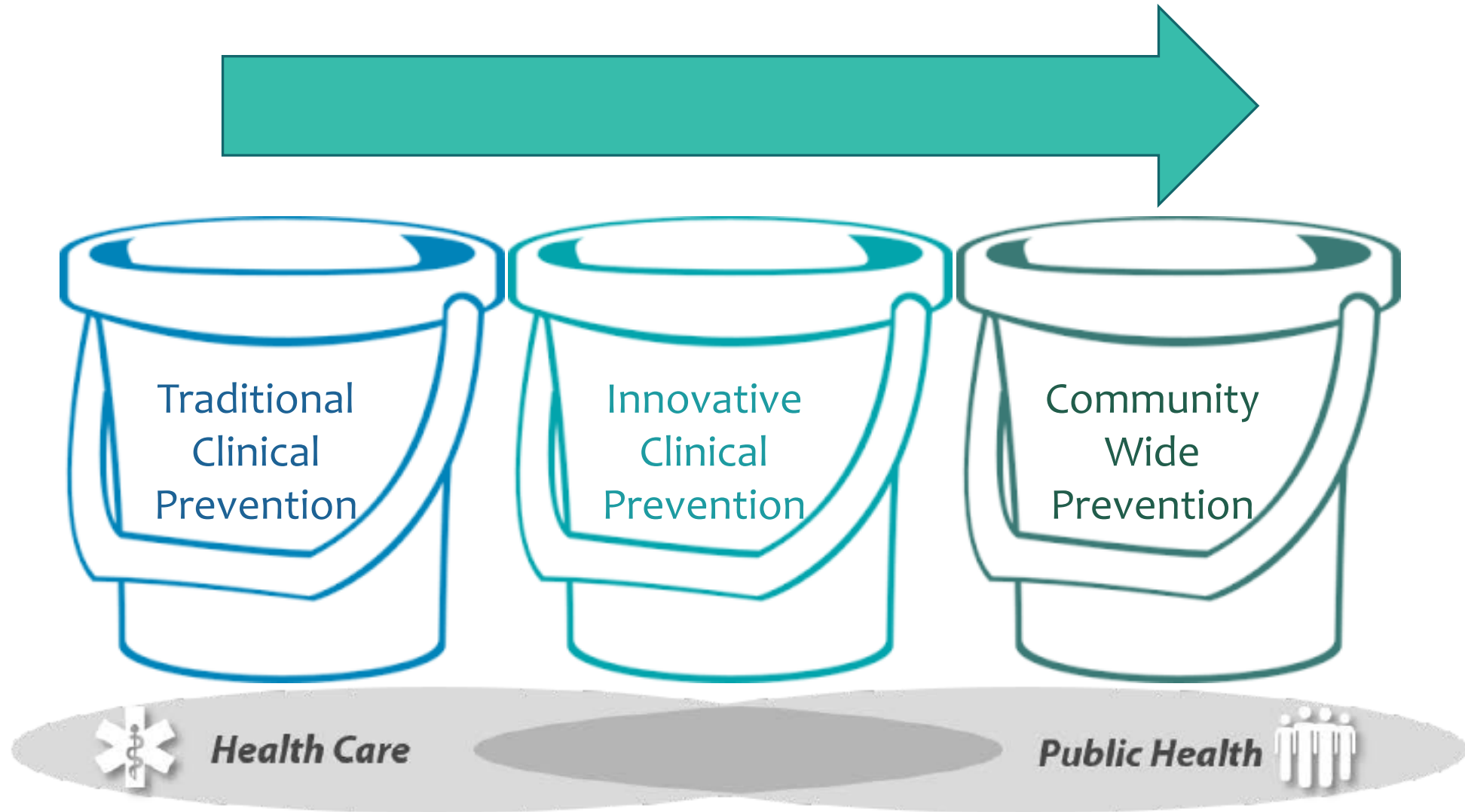


Outpatient Management
of Multiple Comorbidities



Inpatient / End of Life

THREE BUCKETS OF PREVENTION



More Primary Care Facilities

Adding clinical services

Vaccine uptake

Insurance / Eligibility

Discounts for Medications



Transportation Initiatives

Primary Care Behavioral Health Integration

FHC Wellness Center

Centering Pregnancy

Prescription Produce

Medical Legal Partnership



Policy

Community Health Workers

Collective Impact


Neighborhood Gardening

Lead

Teen Pregnancy Campaign



Innovative Clinical Prevention

- Wellness Center
 - Prescription Produce Program
 - Primary Care Behavioral Health Integration
 - Integrated Health Management
 - Waco Guide to Psychopharmacology in Primary Care
 - Integrated Child Adult Relationship Enhancement (I-CARE)
 - Medical Legal Partnership
 - Centering Pregnancy
 - Reach Out And Read
 - Chronic Care Management
- 

Community Wide Prevention

- CCHH Clinician Council
 - Boards: School board, United Way, Public Health Department
 - Advisory committees & task forces (e.g., women's health, CHW, obesity)
 - Community race equity leadership
- Collective Impact
 - Education / Health / Financial Security
 - SDoH Mapping (Informatics Fellowship)
 - E.g., BHLT, Waco Connect, school readiness, banking & personal finance
- Teen Pregnancy Coalition
- SARS-CoV-2



What we've learned in Waco

- There is a strong will; teams are catalytic
- Clinicians want to lead communities to health; hope in new models can overcome the "FFS learned helplessness"
- Depending on professional virtue alone leads to burnout: investors needed
- Adding much reporting / banal tasks will engender resentment
- Not all investments show return: if everyone waits until they are assured of certainty, there will be no innovation
- The interventions that promise the greatest ROI also take the greatest time to show a return (pregnancy, ACEs, public education, national / state / municipal policy)

Growth Requires Invested Resources

Share the risk



A Worker's Speech To A Doctor

Bertolt Brecht



When we come to you
Our rags are torn off us
And you listen all over our naked body.
As to the cause of our illness
One glance at our rags would
Tell you more. It is the same cause that wears out
Our bodies and our clothes.

The pain in our shoulder comes
You say, from the damp; and this is also the reason
For the stain on the wall of our flat.
So tell us:
Where does the damp come from?

Thank you!

Jackson Griggs, MD, FAAFP
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Wacofamilymedicine.org
Facebook.com/
wacofamilymedicine



WACO
FAMILY
MEDICINE



Reactions and Insights

Helen Kent Davis, Texas Medical Association

Jana Eubank, Texas Association of Community Health Centers

Laurie Vanhoose, Texas Association of Health Plans

Group Discussion

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