

Texas MCO SDOH Learning Collaborative

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11:00am-12:30pm CT

Recording Available [Here](#)

MCO/Provider Collaborations to Address SDOH

Session Summary with Notes and Resources

Welcome and Introductions (begins at 0:00 in this [recording](#))

Anna Spencer welcomed participants and described webinar logistics. Shao-Chee Sim provided an overview of the MCO SDOH Learning Collaborative. Anna then shared some framing remarks on MCO/Provider partnerships to address SDOH, including case study examples from Washington and Ohio.

For more examples on MCO/Provider partnerships to address SDOH, see:

- *Case study examples: Institute for Medicaid Innovation: [2020 Report on Medicaid MCO Best Practices and Innovative Initiatives](#)*
- *An overview of SDOH-related Medicaid MCO requirements and incentives (December 2018): [Addressing Social Determinants of Health via Medicaid Managed Care Contracts and Section 1115 Demonstrations](#);*
- *Design considerations for states using Medicaid managed care programs to advance primary care innovation: [Identify and Address Social Needs in Primary Care](#)*

Anna Spencer, Senior Program Officer, Center for Health Care Strategies (CHCS)

Shao-Chee Sim, Vice President for Research, Innovation and Evaluation, Episcopal Health Foundation (EHF)

Health and Human Services Commission (HHSC) Update (begins at 5:00 in this [recording](#))

Dr. Van Ramshorst highlighted the need to improve bi-directional communication, data sharing and best practice among providers, MCOs and community-based partners to address SDOH. He also noted that providers and Medicaid MCOs can each play a unique and important role in screening and referring members to needed clinical care and social services.

Dr. Ryan Van Ramshorst, Chief Medical Officer of Medicaid/CHIP Services, Texas Health and Human Services Commission (HHSC)

Addressing Health-Related Social Needs at the Provider Level

Palak Jalan (13:22 in [recording](#)) provided an overview on AccessHealth's efforts to identify and address health-related social needs, including through partnerships with MCOs and community social services providers. Key takeaways:

- Access Health uses a multi-domain screening tool, which is a combination of several peer-reviewed tools and tailored and edited for the needs of its community. It screens patients once a year and confirms the relevance of the information during subsequent visits. When the clinics switched to a paper self-screen, followed by electronic entry by staff, the rate of response increased from 60-70% to 95-98%.

Palak Jalan, Chief Population Health Officer, AccessHealth; Jackson Griggs, Chief Executive Officer, Waco Family Medicine

- About 40% of patients self-reported of food insecurity, which has directed collaborations with a SNAP coordinator to support member enrollment into food nutrition programs such as SNAP/WIC. It also launched a food prescription program, in partnership with the largest area food bank.
- SDOH programs include Medical Legal Partnership and UBER Health, which has reduced clinic no show rates.
- Palak noted that AccessHealth patients are enrolled with a variety of Medicaid MCOs, among other payers, and highlighted the need for better coordination among MCOs to reduce reporting/administrative burdens on providers. As SDOH interventions and programs are being designed, it's important to consider how MCO technologies and referral systems can duplicate existing provider processes, how MCOs and providers can streamline data sharing, and aligning . In addition, aligning on desired short-term and long-term outcomes is also important.

Dr. Jackson Griggs (32:00 in this [recording](#)) described Waco Family Medicine, including its patient-centered philosophy and focus on the "[Three Buckets of Prevention](#)."

- *Wellness Center:* Waco Family Medicine operates a fitness facility where patients with specific conditions (i.e., heart disease) partner with fitness advisors to promote improved health/behavior change.
- *Prescription Produce Program:* Waco Family Medicine partners with local farms, and has dispensed 6,600 half-bushel boxes of fresh produce.
- *Behavioral Health Integration:* Waco Family Medicine recognizes high rates of health-related social needs among patients with behavioral health conditions. Its care model seeks to provide seamless, team-based care.
- *Collective Impact:* Waco Family Medicine participates in cross-sector, community initiatives. [Prosper Waco](#) is developing a SDOH mapping tool, among other cross-sector activities.
- *Lessons learned:* There is a strong will to do this work among providers, and high motivation for alternative payments models that overcome fee-for-service, transactional care. It's important to reduce provider reporting burden. Not all innovations demonstrate an ROI, but risks are necessary, and often the greatest ROI have the longest horizon. Commitment is required; sharing risk between providers and MCOs will lead to innovation and improvement.

Reactions and Updates (50:53 in this [recording](#))

Helen Kent Davis, Jana Eubank and Laurie Vanhooose provided some reflections on strategies to improve MCO/Provider collaborations to address SDOH. Key takeaways:

- Streamlined data sharing, and shared SDOH priorities can reduce provider burden.
- Screenings should be done in a trauma-informed way, and MCOs and providers should seek to avoid duplicative screenings.
- Community health workers are often underinvested in, but integral to a community-informed SDOH strategy. Technology can build off that important human aspect of care.
- Align efforts to identify community needs and priorities. There needs to be a coordinated response from HHSC, MCOs, and providers to address SDOH domains, as well as legislative direction. We want to make sure that we are all "rowing in the same direction," so we don't get to "different islands."

Helen Kent Davis, Texas Medical Association; Jana Eubank, Texas Association of Community Health Centers; Laurie Vanhooose, Texas Association of Health Plans

- Value-based payment models can support this work. MCOs can ask what the provider is currently working on, and build off that.
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