CHCS Center for Health Care Strategies, Inc.

Texas MCO SDOH Learning Collaborative

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12:00pm-1:30pm CT

Recording Available Here

Tracking and Measuring the Impact of SDOH Initiatives

Session Summary with Notes and Resources

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

Matthew Ralls welcomed participants and described webinar logistics. Shao-Chee Sim provided an overview of reported challenges and technical assistance needs of managed care plans in Texas. Matthew then shared some framing remarks on the importance of tracking and measuring the impact of SDOH initiatives.

Matthew Ralls, 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 9:30 in this recording)

Andy Vasquez highlighted the long-term goals For Texas to become a national leader in addressing SDOH within the Medicaid context. He placed an emphasis on the need for HHSC, MCOs, clinical providers and community-based organizations to work collaboratively across the state and highlighted the importance of a shared commitment to both short- and long-term successes. He closed by noting that the Texas Legislature has recognized the importance of SDOH and given HHSC more flexibility to explore different value-based payment and alternative payment models.

Andy Vasquez, Deputy Associate Commissioner, Quality and Program Improvement, Medicaid and CHIP Services, Texas Health and Human Services Commission (HHSC)

Tracking and Measuring the Impact of SDOH Interventions

Dr. Salil Deshpande (22:17 in recording) provided an overview on United Healthcare's (UHC) efforts to identify and address health-related social needs. Key takeaways:

- Approaches to addressing SDOH are often fragmented, despite evidence that addressing health-related social needs drives improved health outcomes and reduced utilization and health care costs.
- UHC provided details on their three-part framework for addressing SDOH: (1) a health plan operational approach for screening and referrals to community-based resources; (2) a community-based organization strategy; and (3) a provider alignment and partnerships.
- Dr. Deshpande described an Imputed Market Price tool, which is a patent-pending tool developed by UHC to help articulate the estimated market value for social services a patient receives.

Dr. Salil Deshpande, CMO, UnitedHealthcare Community Plans of Texas and Oklahoma

Dr. Angie Hochhalter, VP of Quality, Scott and White Health Plan

Dr. Heidi Schwarzwald, CMO, Aetna Better Health of Texas

John Wendling, CEO, Parkland Community Health Plan

Dr. Angie Hochhalter (38:18 in this recording) described Scott and White Health Plan's Community Resource Hub (CRH).

- Program goals for the CRH are to: (1) reduce negative impact of non-medical needs; (2) reduce avoidable ER visits and hospital admissions; (3) understanding the needs of their members and community.
- The CRH uses a navigator model, where participating community-based organizations identify a navigator (i.e. a social worker or community health worker), who best knows community needs and available resources
- This navigator triages referrals from providers, MCOs, and care managers, making needed connections for patients to services and resources. Scott and White believes this model supports the development of long-term relationship building with members.
- Financial strain, utility assistance, and food assistance are the most self-reported non-medical needs. Home modifications were also identified, potentially due to more members staying at home during COVID.
- The CRH has been extremely helpful during the COVID response, as well as during the recent winter storms. Members have received utility assistance, food and nutrition resources, access to FEMA or other disaster relief funds through their community-based organization, housing and eviction assistance, and legal aid.
- Members who are connected through the CRH program experience fewer ED visits and hospital admissions. Hospital admissions have decreased more than ED visits in the time after referral.

Dr. Heidi Schwarzwald (50:30 in this recording) descried Aetna/CVS Health's affordable housing investments.

- Dr. Schwarzwald provided a level-setting about the different kinds of affordable housing investments Aetna has made in Texas, including mixed-use housing and supportive services.
- Since 2000, Aetna has created or rehabilitated over 11,000affordable housing in 42 counties throughout Texas (754 units between 2019 and 2020).
- The presentation had a spotlight on a housing unit in Tarrant County named "Mistletoe Station." This housing site has 110 units, 36 of which are at market level, and have access to social services like vaccine pop-up clinics, food security programs, and senior programs.
- Aetna is tracking the impact of their supportive housing approach, including impacts housing stability, health outcomes, economic security, lowered healthcare expenditure, community benefits, and employer cost savings and productivity.
    - For members remaining in supportive housing, there is a decrease in PMPM costs, and an increase in outpatient mental health visits.

John Wendling of Parkland Community Health Plan (1:01:00 in this recording) discussed Parkland's risk-driving multi-stakeholder approach to population health, namely their pediatric asthma program.

- Launched in 2016, the pediatric asthma program focuses on creating a better experience for members.
- Since the program's inception, enrolled members experienced a 42% decrease in asthma-related emergency department visits, as well as a 32% decrease in asthma-related emergency department and in-patient costs.

- Parkland Community Health Plan has realized a nearly $6,000 PMPM cost savings.
- Parkland Community Health Plan is working with a local housing authority in their service areas to address mold in housing that is exacerbating asthma.
- Parkland Community Health Plan uses a heat map that can identify risk areas down to the block-level.
    - They are now able to tell if the left-side of the street has higher rates of asthma than the right-side.
- Looking forward Parkland Community Health Plan wants to leverage data around SDOH to help address pre-term births, food and digital deserts, and social isolation especially for post-partum depression.

Group Discussion (1:09:04 in this recording)

The four panelists participated in a group discussion and open Q&A session with the viewers. Key takeaways:

- Managed care plans need to have an intentional dialogue with providers, particularly around z-codes because they can be a useful tool MCOs should consider starting these conversations soon.
- MCOs recognized the power of data, which can reveal priorities needs, resource capacity, and where to focus energy appropriately.
- UHC funds their navigator position through a direct FTE, as well as providing resources for training.
- As moratoriums on evictions are being lifted MCOs operating supportive housing programs to support members s.
    - CHWs and case managers are also well positioned to help navigate housing transitions.