Center for Health Care Strategies

# Texas MCO SDOH Learning Collaborative: Reconnecting in 2022 and Deepening Our Impact In-Person Meeting Takeaways

On April 1, 2022, through support from the Episcopal Health Foundation, the Center for Health Care Strategies (CHCS), in collaboration with the Texas Association of Health Plans (TAHP) and the Texas Association of Community Health Plans (TACHP), convened an in-person convening of the MCO SDOH Learning Collaborative (LC). Meeting attendees included representatives from 13 Texas-based MCOs, the Texas Health and Human Services Commission (HHSC), TAHP, TACHP, the University of Texas (UT) School of Public Health, Houston Food Bank, Feeding Texas, Dell Medical School, and the Texas Medical Association. Below is a summary of key content from the meeting and areas of interest for the LC.

## I. Updates from Key Partners

***Jimmy Blanton,*** *Director, Office of Value-Based Initiatives, HHSC*

- Opening remarks from Jimmy Blanton reflected on the years of work that HHSC and MCOs have done together to address social needs. Efforts include: developing screening and referral mechanisms, employing navigators, and supporting health plan innovation to identify and address SDOH. He noted that HHSC continues to work on alternative payment models (APMs) that support social needs interventions and that the SDOH Action Plan will be available soon.

***Aelia Akhtar,*** *Director, Center for Health Policy and Performance, Department of State Health Services (DSHS)*

- Aelia Akhtar presented on DSHS's health disparities grant. Awarded by the Centers for Disease Control and Prevention (CDC), this $45 million grant will support communities disproportionately impacted by COVID-19. Funds will go to 46 local health departments in rural areas across Texas that will partner with community members to co-develop programs and build capacity to address health disparities.
- As part of this grant program, DSHS is developing a directory of community partners and organizations that will help implement these interventions.

## II. Health Plan Presentations: Strategies to Address Social Determinants of Health

***Angie Hochhalter,*** *Director of Community and Population Health, Aetna Better Health*

- Angie Hochhalter presented on the three pillars of Aetna Better Health's approach to addressing SDOH: (1) identifying social needs as they arise in order to be responsive within a short timeframe; (2) identifying and supporting strengths and resilience, not just needs and risk factors; and (3) working with community-based organizations (CBOs) to amplify their impacts.
- She shared information on their "positive deviance" food insecurity model, where Aetna is working on identifying members who are resilient in the face of potential food insecurity and sharing their lessons with others.
- Angie also noted that their SDOH work is part of a broader health equity strategy.

***Lisa Wright,*** *Chief Executive Officer, Community Health Choice*

- Lisa Wright presented on Community Health Choice's multi-pronged strategy to address their members' health-related social needs. She emphasized that Community Health Choice collects SDOH data directly from members and discussed setting realistic expectations on the outcomes and timeframes of SDOH work. Lisa reflected that the impacts of SDOH interventions are often seen after a longer time period than clinical interventions.
- Lisa discussed Community Health Choice's use of predictive analytics. The plan used data to identify an opportunity to support food insecure pregnant women through a partnership with Houston Food Bank, which has resulted in higher birthweights and higher gestational ages at birth.
- She also talked about the critical need to partner with providers to address SDOH, as members have more trust and confidence in their doctor than their health plan. The plan is working on strategies to reimburse providers for screening for SDOH and recording Z-code data in the electronic health record.

***Salil Deshpande**, Chief Medical Officer, UnitedHealthcare and **Arnita Burton,** Director, UnitedHealthcare*

- Salil Deshpande and Arnita Burton presented on UnitedHealthcare's provider-focused learning collaborative, which was designed to increase providers' capacity to address SDOH.
- The speakers discussed the need for plans to partner with both CBOs and providers. These partnerships need to be supported through expanded data-sharing capabilities and other capacity-building efforts.
- They also discussed the need to use a validated SDOH screening tool (i.e., PRAPARE) – and establish a process for closed looped referrals with CBOs.
- UHC is exploring ways to strengthen and support these activities at the provider and CBO level.

## III. Center for Health Care Data Presentation: Using Data to Inform Care Delivery

***Cecilia Ganduglia Cazaban,** Co-Director, Center for Health Care Data (CHCD), UT School of Public Health*

- Cecilia Ganduglia Cazaban presented on the data resources available to MCOs through CHCD. In addition to existing data resources (e.g., claims data, survey data, Texas hospital discharge data), CHCD has recently added neighborhood-level data on SDOH.
- CHCD uses SDOH data to understand the impact on health outcomes, as measured by HEDIS metrics, finding that social factors have a stronger influence on health outcomes for children and adolescents than for adults.
- CHCD has also developed partnerships with Texas MCOs to evaluate the impact of SDOH interventions; they are currently working with Prospera Housing Community Services and Superior Health Plan to evaluate impacts of a housing intervention on dual-eligible members. CHCD is currently developing protocols to partner with plans on these types of projects.
- Cecilia also shared that the CHCD is the administrator of the Texas All-Payor Claims Database, which is currently under development.

## IV. Related Projects in Texas

**MCO/Food Bank Partnerships to Address Food Insecurity**

- Stephanie Muth, Consultant, presented on her work, funded by the Episcopal Health Foundation, to develop concrete ways for health plans and food banks to partner to address food insecurity.
- Plans and food banks have done a "speed dating" exercise to meet each other and identify complementary goals and capacity. The next step will be to support the development of longer-term partnerships.
- Findings from this project so far include: (1) MCOs have identified that food insecurity is a key interest; (2) MCOs and CBOs need to find ways to manage referrals using a platform that works for both partners; and (3) different supports are needed for different interventions, such as urban vs. rural food programs.

***In Lieu of* Services**

- Diana Crumley, Senior Program Officer at CHCS, presented on CHCS' work, funded by the Episcopal Health Foundation, to support the Value-based Payment and Quality Improvement Advisory Committee's ("Quality Committee") interest in using *in lieu of* services (ILOS) to address SDOH.
- ILOS are benefits that can be used as "medically appropriate and cost-effective replacements" for existing benefits under the Medicaid State Plan. They can be used to develop rates for MCOs and providers.
- California's Medicaid program recently received CMS approval to provide 14 Community Supports – 12 of which are covered under ILOS authority – focused on social needs such as housing navigation services, community transition services, personal care services, home modifications, and medically supportive food.
- The Quality Committee is exploring ILOS in Texas focused on housing supports, asthma remediation, and "Food is Medicine" interventions.

## V. MCO Areas of Interest

Meeting attendees responded to a poll answering the question "what additional topics related to SDOH, health disparities, or health equity would you like to learn more about?" Topics identified for further exploration include:

- **Developing partnerships with other MCOs, providers, and CBOs to better address SDOH,** including closed loop referrals, creating standardized social needs screening tools, and understanding pain points and gaps from the CBO and provider perspective.
- **Understanding opportunities for APMs,** including developing APMs that support and measure SDOH interventions, and working with CBOs to develop APMs.
- **Measuring outcomes of interventions,** including connecting with subject matter experts who can support MCOs in understanding return on investment, cost-effectiveness, and health benefits/outcomes of their efforts related to SDOH.
- **Learning about health disparities and health equity,** including understanding disparities among HEDIS measures in Texas and focusing on the needs of specific populations (e.g., Black mothers, immigrant populations in border communities, and people living in rural areas).
- **Collecting and using data**, including how to share data between MCOs, providers, and CBOs, and working with CHCD to learn more about their Texas-specific findings.
- **Miscellaneous.** These responses included learning more about *ILOS*, sustaining new social needs programs, and managing organizational change.