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2020

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ALLIANCE HEALTHCARE FOUNDATION

ADVANCING HEALTH AND WELLNESS FOR THOSE IN NEED

AFTERNOON PLENARY

SUSTAINABILITY: INTEGRATING AND FINANCING SOCIAL DETERMINANTS OF HEALTH

COMMUNITY INFORMATION EXCHANGE

VIRTUAL SUMMIT

SUSTAINABILITY:
INTEGRATING AND FINANCING SOCIAL DETERMINANTS OF HEALTH

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LEAVITT PARTNERS

ALLIANCE HEALTHCARE FOUNDATION

ADVANCING HEALTH AND WELLNESS FOR THOSE IN NEED

Welcome and Introductions

SARAH LYMAN

EXECUTIVE DIRECTOR,
ALLIANCE HEALTHCARE FOUNDATION

What can the health care sector do about patients' social conditions?

LAURA GOTTLIEB, MD, PH

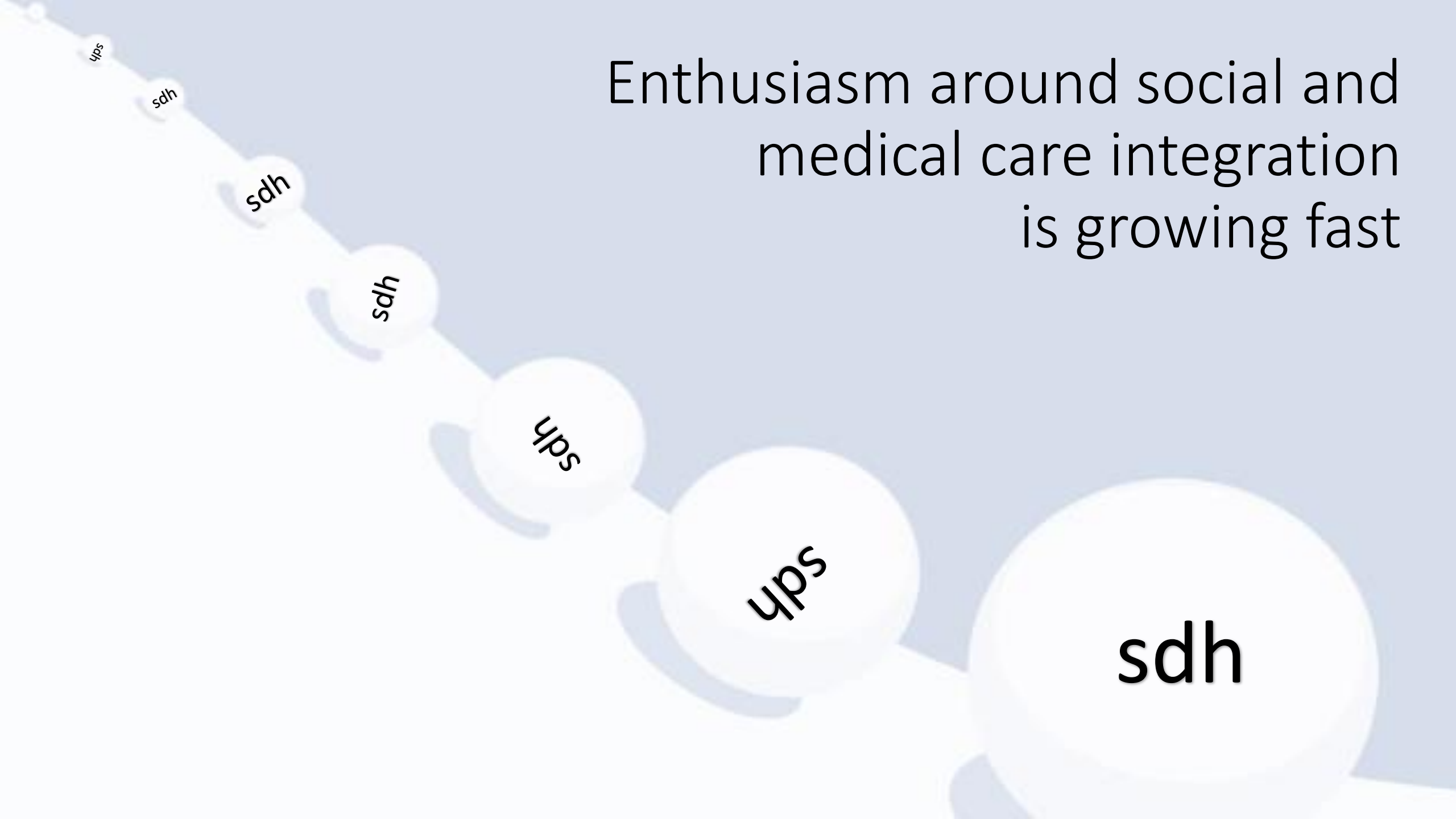
DIRECTOR
UNIVERSITY OF SAN FRANCISCO (UCSF),SOCIAL INTERVENTIONS RESEARCH EVALUTION NETWORK (SIREN)

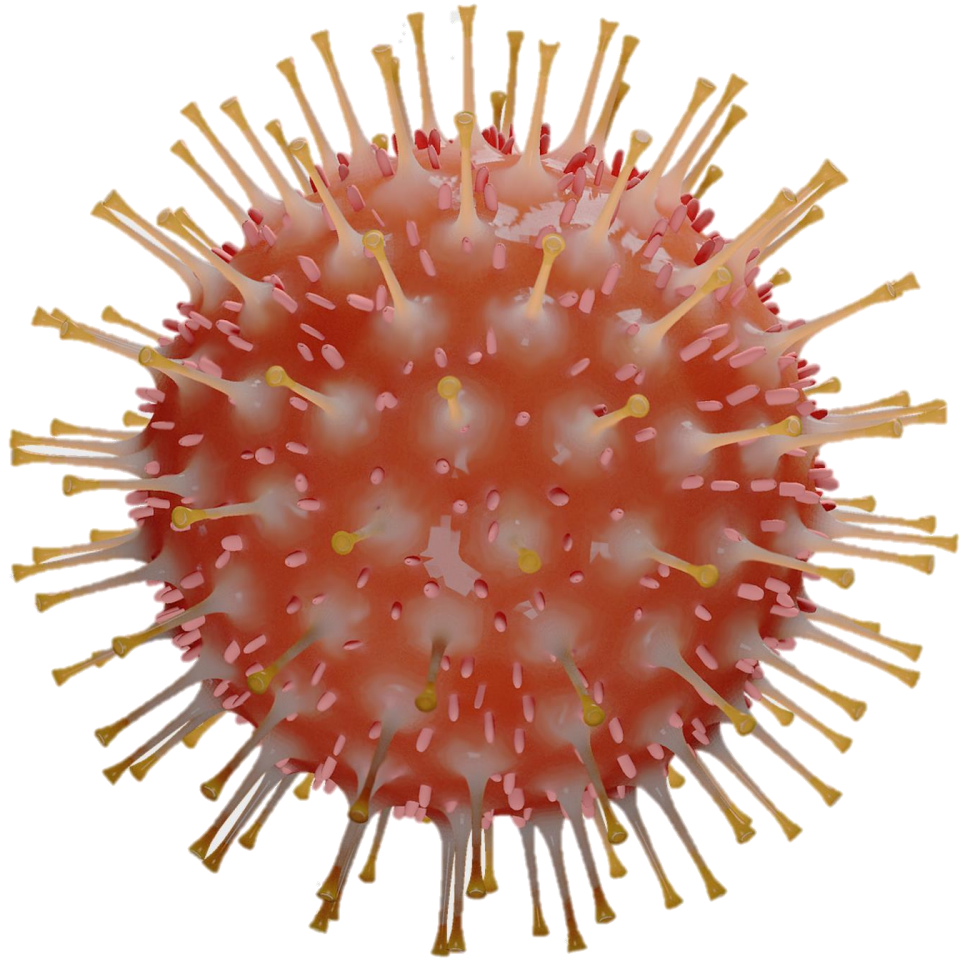
What can the health care sector do about patients' social conditions?

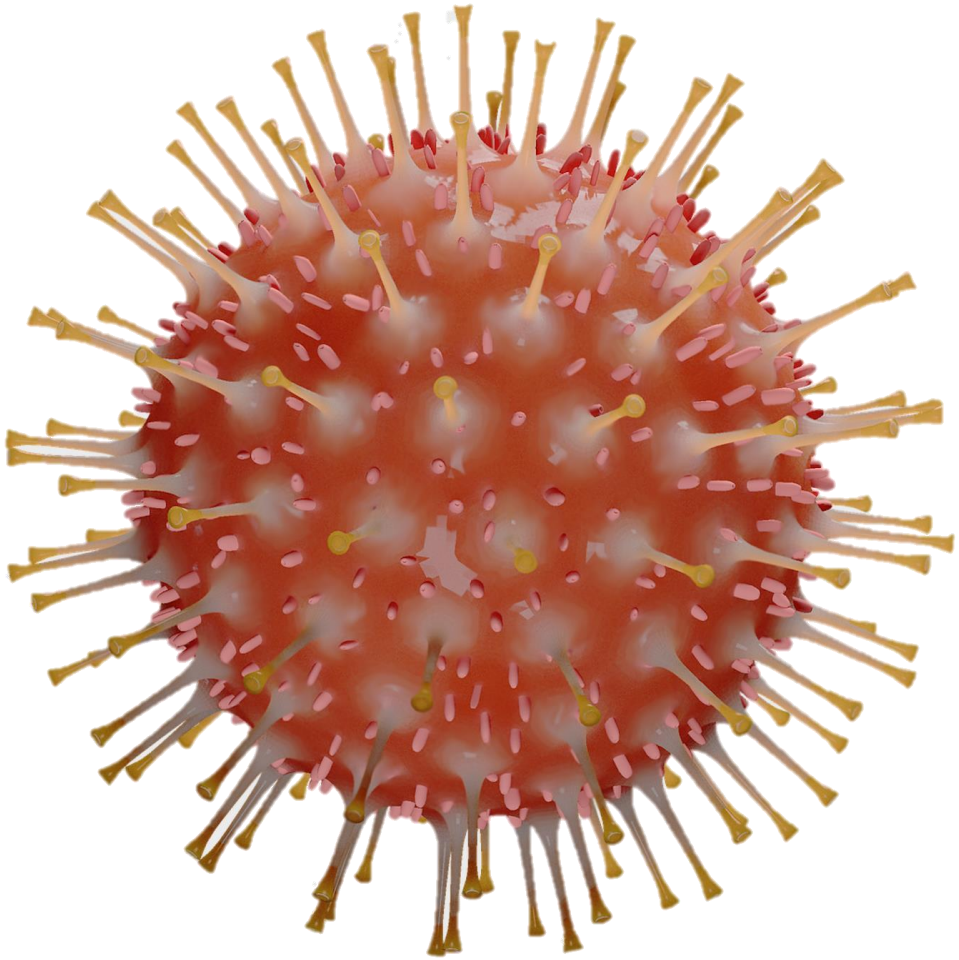
Laura Gottlieb, MD, MPH
Director, Social Interventions Research and Evaluation Network
Professor, Department of Family Medicine, UCSF
August 13, 2020

SIRENetwork.ucsf.edu

Enthusiasm around social and medical care integration is growing fast

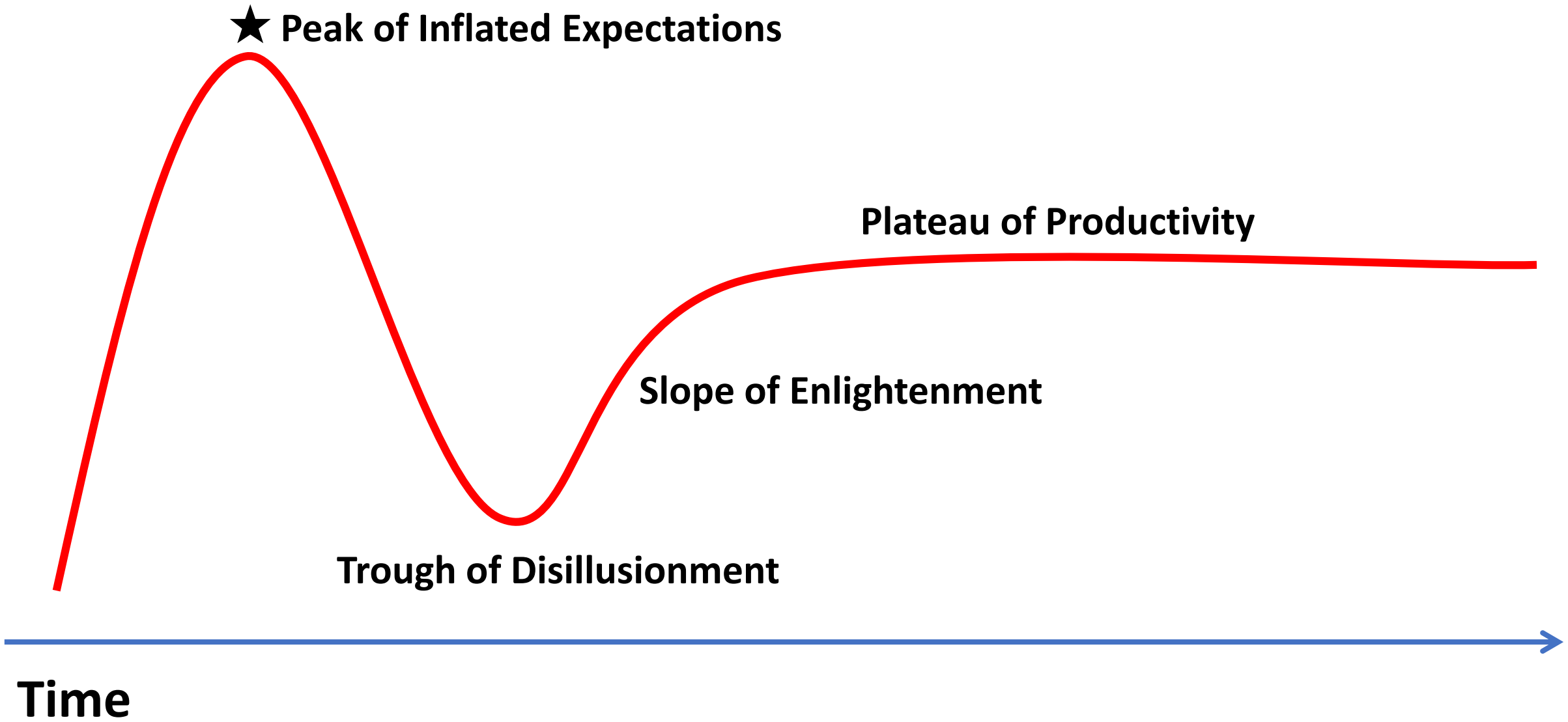







BLACK
LIVES
MATTER

Social adversity activities and the health care innovation curve



The National Academies of
SCIENCES • ENGINEERING • MEDICINE

CONSENSUS STUDY REPORT

INTEGRATING SOCIAL CARE INTO THE DELIVERY OF HEALTH CARE

MOVING UPSTREAM TO IMPROVE THE NATION'S HEALTH

NASEM Committee

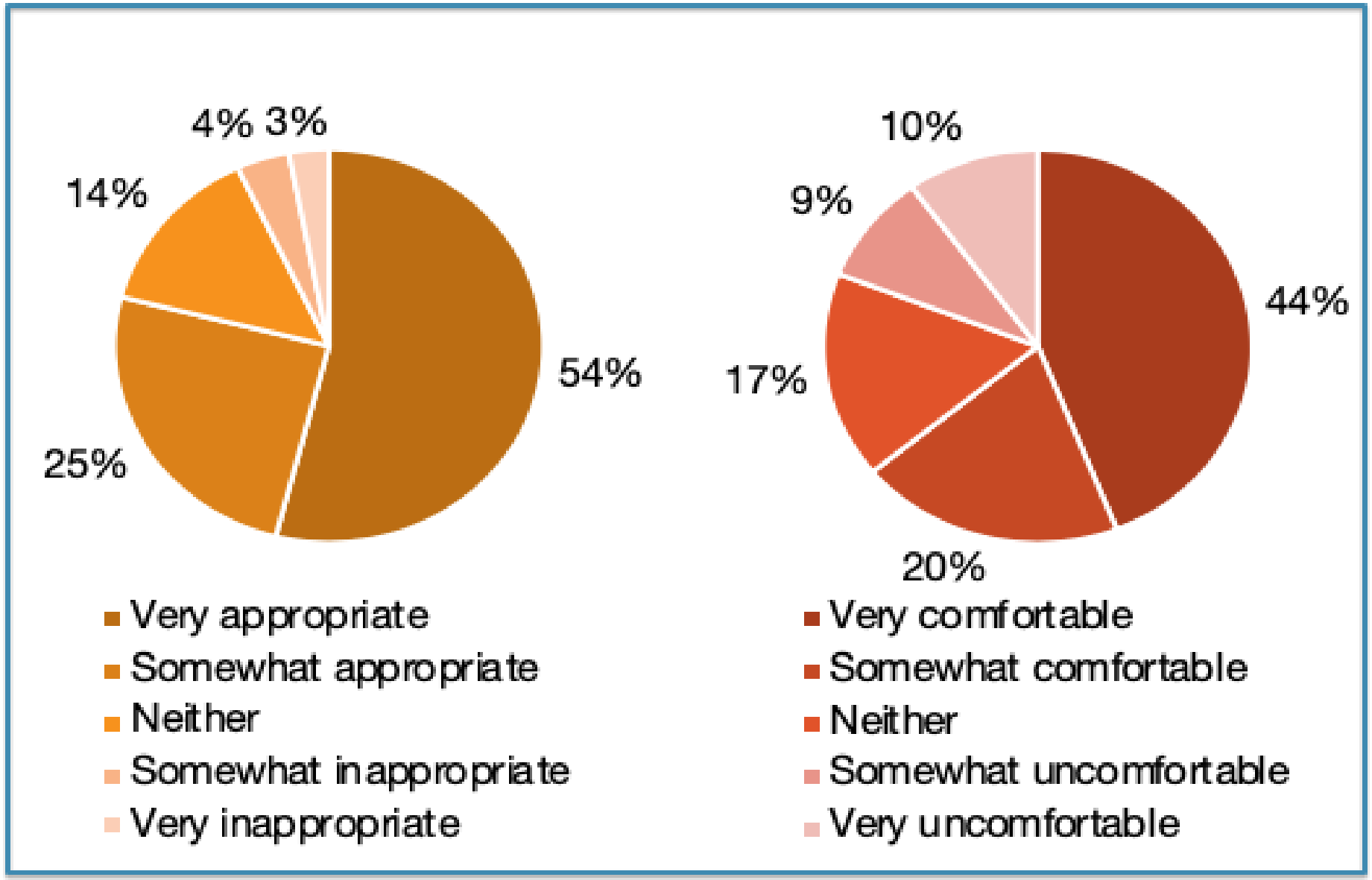
NASEM Committee

Awareness

Social & economic risk screening tool	Recommended Social and Behavioral Domains and Measures for Electronic Health Records	PRAPARE: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences	Accountable Health Communities Screening Tool
Total # of questions	24	21	10
Housing		☐	☐
Food		☐	☐
Clothing		☐	
Utilities (phone, gas, electric)		☐	☐
Medicine/health care		☐	
Child care		☐	
Transportation		☐	☐
Neighborhood safety		☐	
Interpersonal violence/safety	☐	☐	☐
Physical Activity	☐		
Social connections/isolation	☐	☐	
Stress	☐	☐	

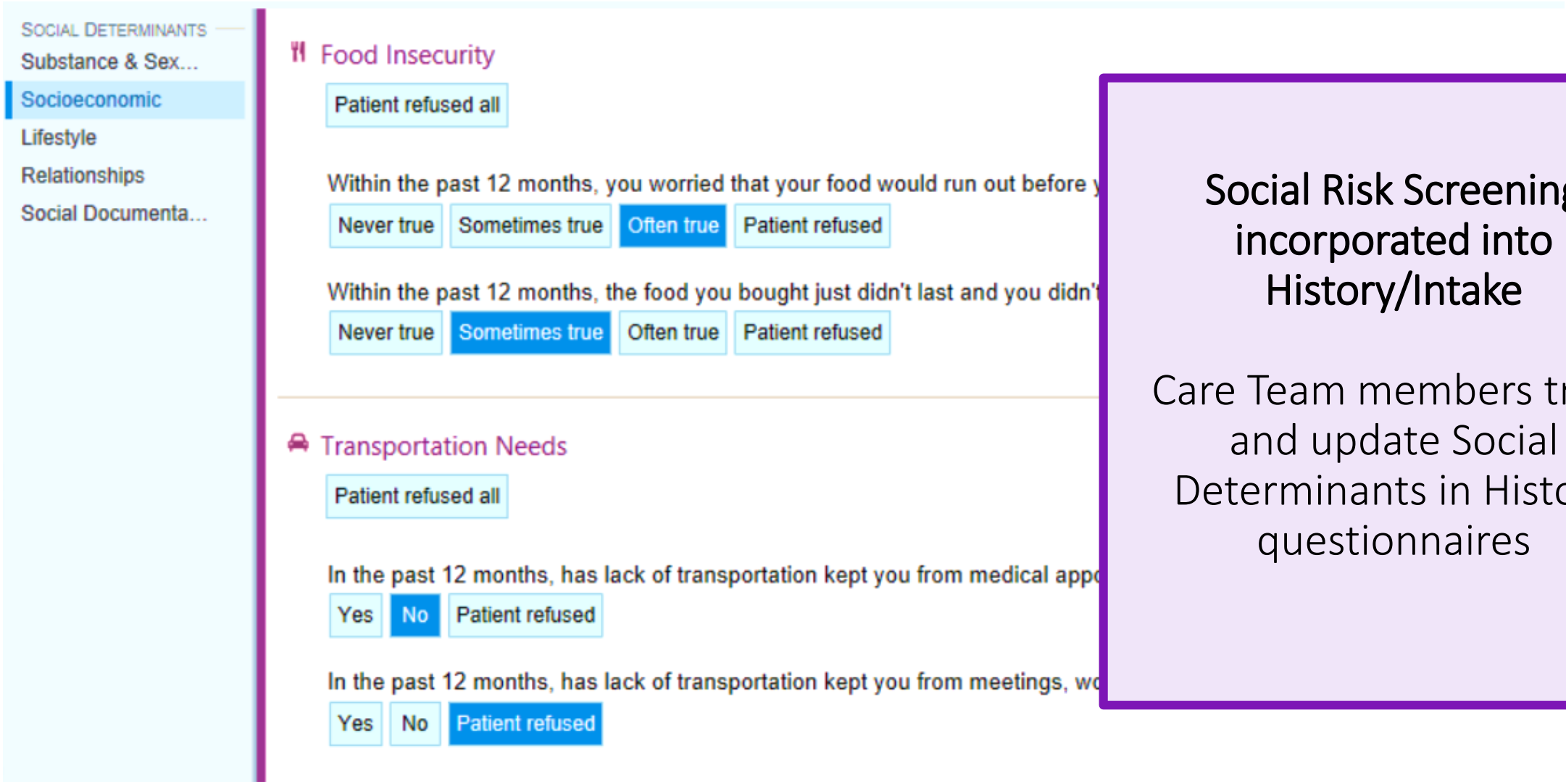
Social risk screening tools comparison table: https://sirenetwork.ucsf.edu/tools-resources/screening-tools

Patient/caregiver acceptability of screening



De Marchis, et al. *Am J Prev Med*, Nov 2019.

Data and technology can facilitate Awareness activities



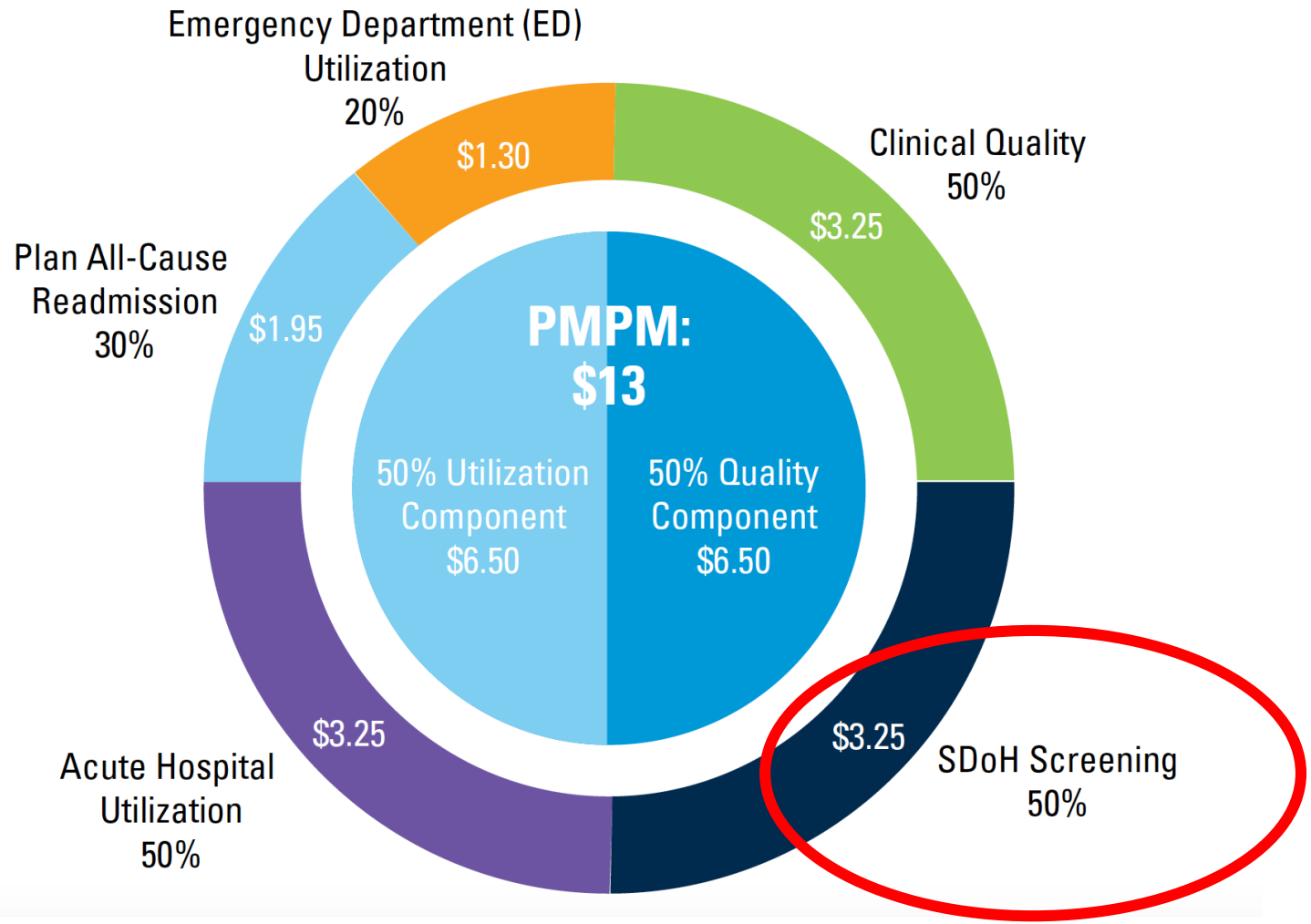
Social Risk Screening incorporated into History/Intake

Care Team members track and update Social Determinants in History questionnaires

OCHIN EHR

Payment can facilitate Awareness activities

FIGURE VII.4.2-1: Incentive Opportunity Components and Sub-Components: Family/Adult Track



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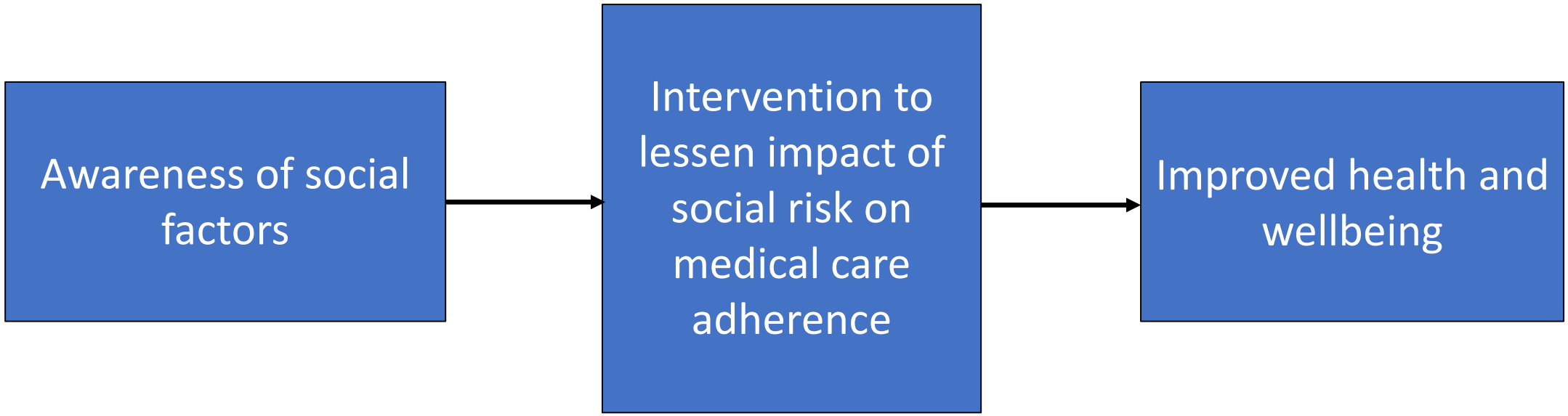
Adjustment strategies

Adjust care to social context, e.g.:

- Access
- Diagnostics
- Treatment



Adjustment strategies: Diabetes Case

Clinical decisions influenced by social risk data	Example
Target level of blood sugar control	Increase goal HgA1c to avoid hypoglycemia risk in patient w/ limited food or fridge access
Medication management	Change type of insulin to reduce medication cost; change to higher dose with pill splitter
Making recommendations	Change physical activity recommendations based on safety
Making referrals	Schedule to same day appointments or telehealth visit to improve transportation access

Table adapted from Senteio, et al. JAMIA 2019

Data and technology can facilitate Adjustment activities

Drug	Out-of-pocket price range for Medicare Part D enrollees	Low price	Average price	High price
Warfarin	$0 – $3	$0	$3	$3
Dabigatran	$22 – $436	$22	$109	$436
Apixaban	$22 – $448	$22	$112	$448
Rivaroxaban	$23 – $452	$23	$113	$452

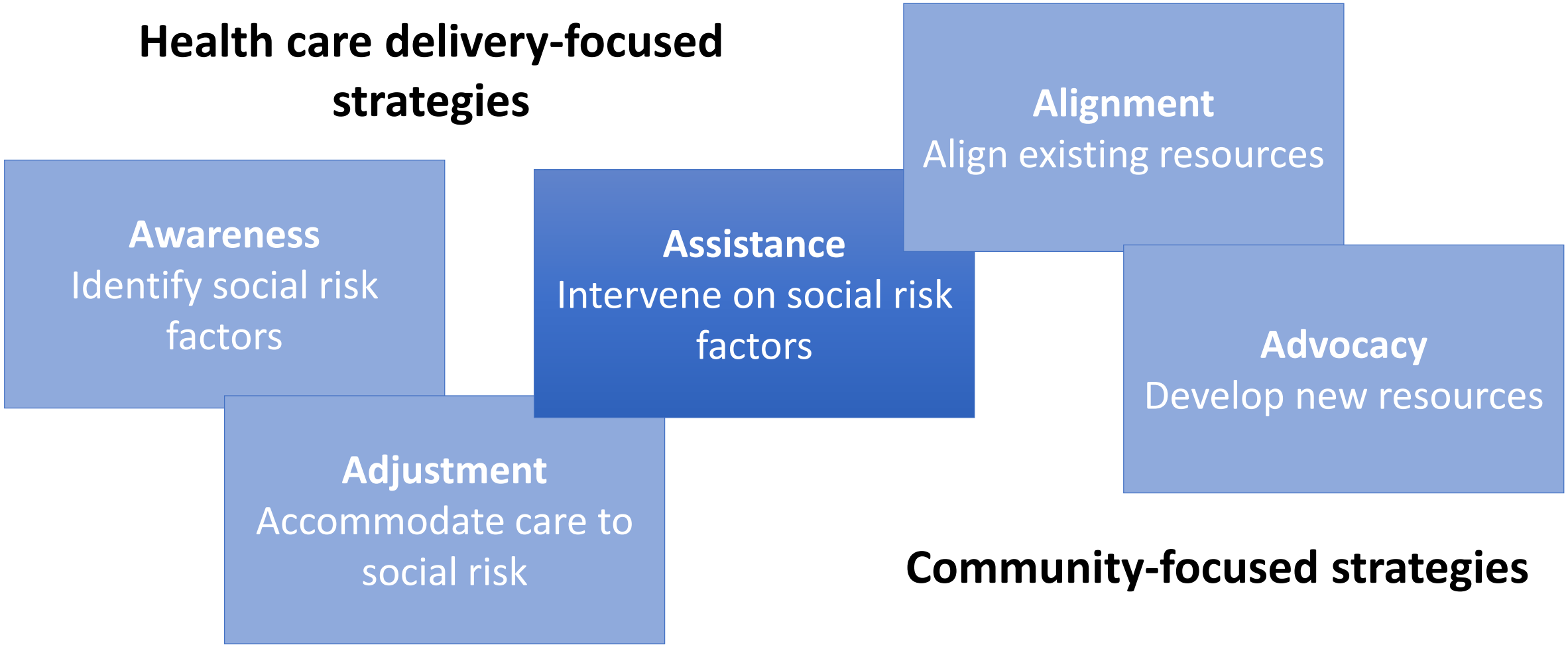
Low price represents a 5% coinsurance payment in the catastrophic coverage phase of benefit.

Average price represents a 25% coinsurance payment in the initial and coverage gap phases of benefit.

High price represents the drug list price paid fully under a deductible or paying without insurance.

Example of an Alternative Design for Monthly Out-of-pocket Cost Information for Medicare Part D Covered Medications

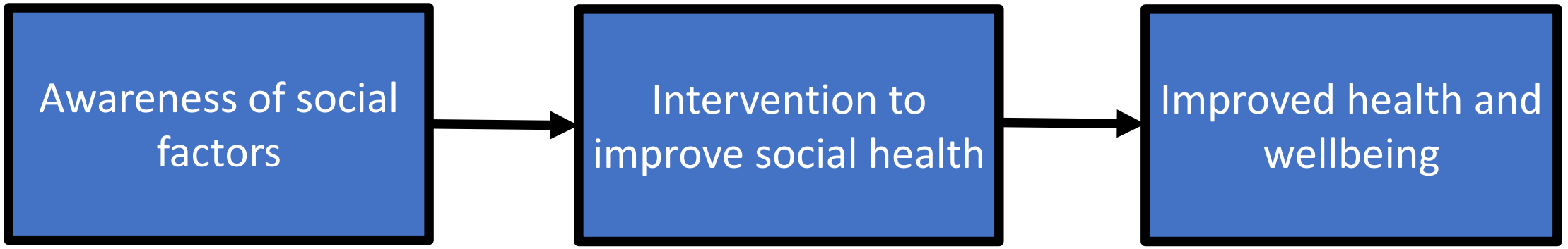
NASEM Committee



Assistance strategies

Change social context, e.g.:

- Food
- Jobs
- Housing



Data and technology can facilitate Assistance activities

SOCIALLYDETERMINED

CollectiveMedical
TECHNOLOGIES™

Diverse services

- Predictive analytics
- Resource and referral data
- Data exchange
- Risk-sharing
- Community-based network

Adapted and used with permission from Solomon L, Kaiser Permanente, 2019

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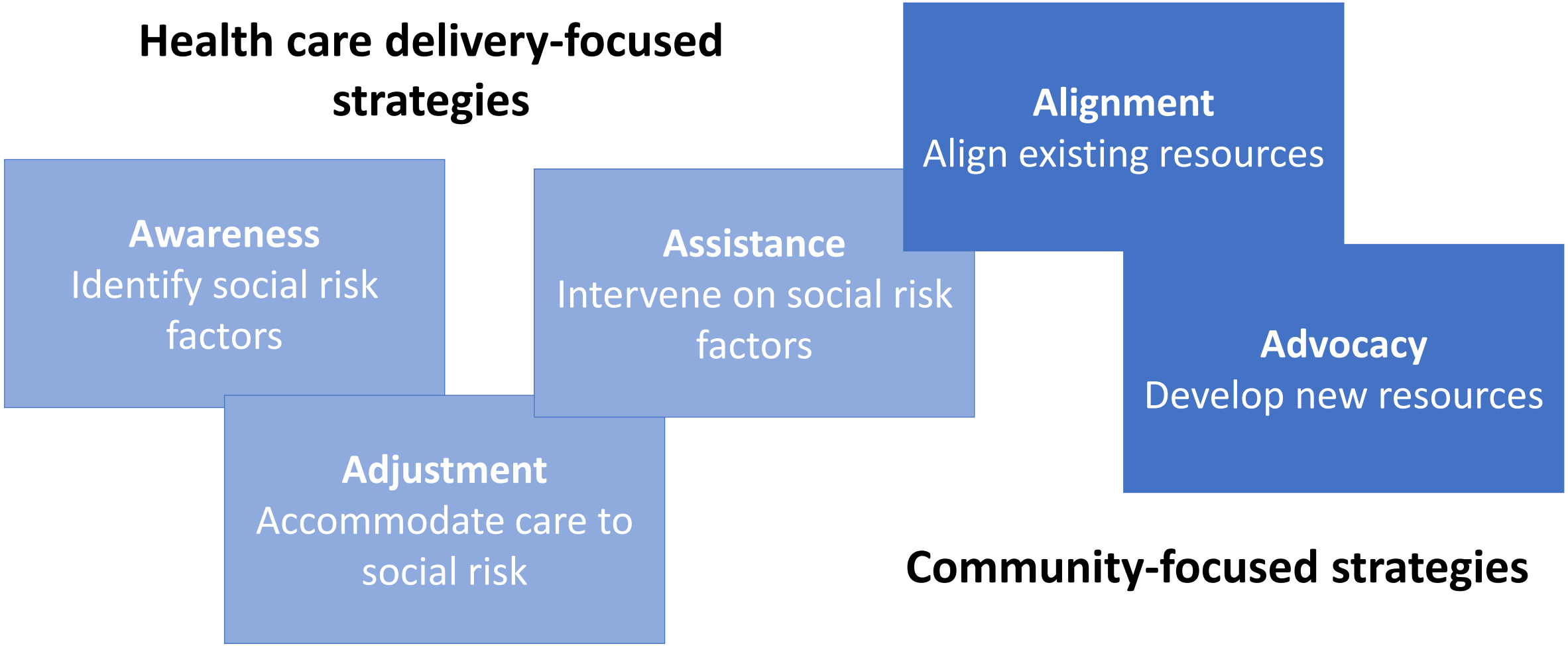
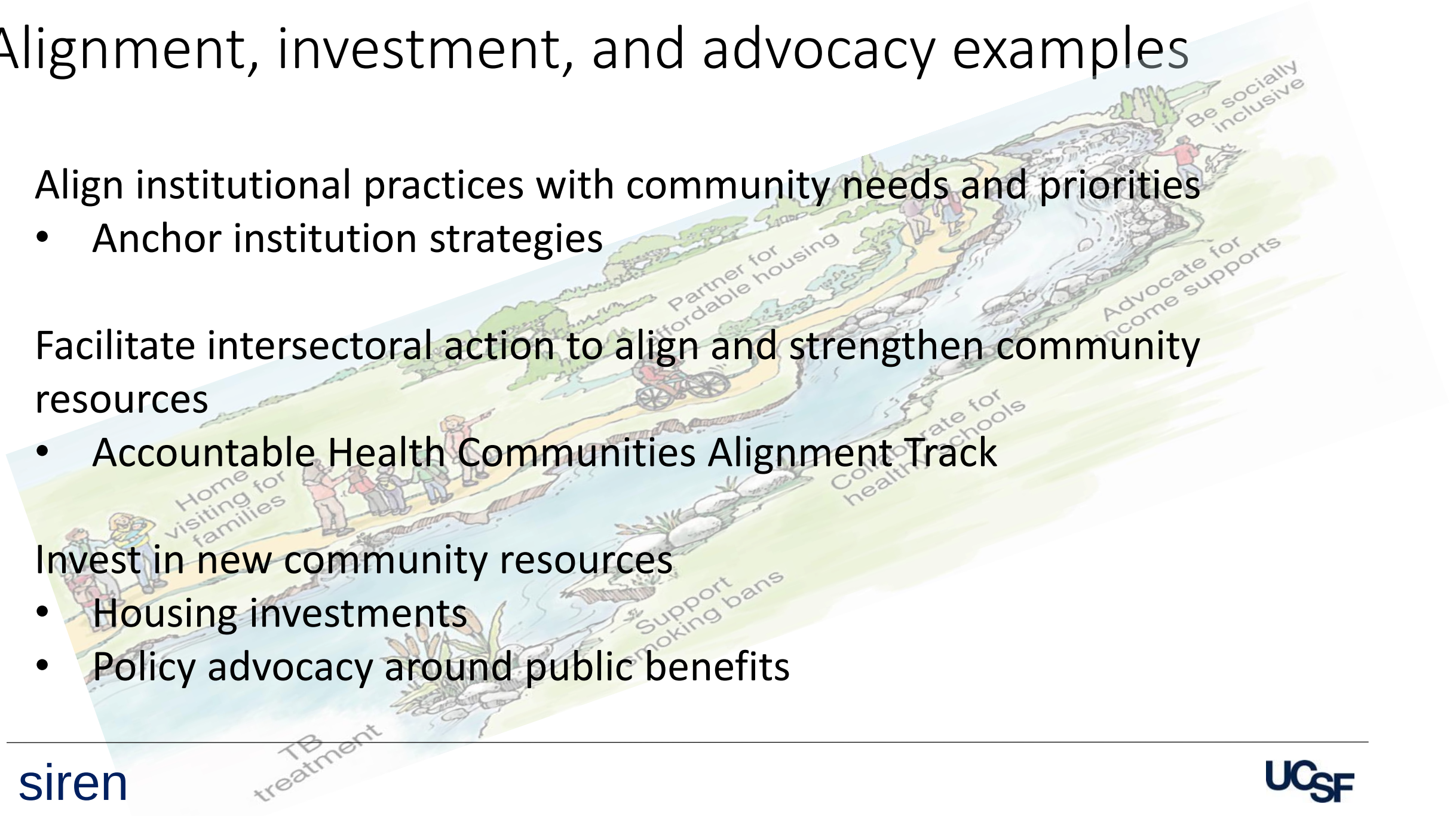


Alignment, investment, and advocacy examples



Align institutional practices with community needs and priorities

- Anchor institution strategies

Facilitate intersectoral action to align and strengthen community resources

- Accountable Health Communities Alignment Track

Invest in new community resources

- Housing investments
- Policy advocacy around public benefits

Approaches for health care system to augment social care (transportation example)

Adjustment	Assistance	Alignment	Advocacy
Reduce the need for in-person health care appointments by using other options such as telehealth appointments.	Provide transportation vouchers so that patients can travel to health care appointments. Vouchers can be used for ride-sharing services or public transit.	Invest in community ride-sharing or time-bank programs.	Work to promote policies that fundamentally change the transportation infrastructure within the community.

Adapted from NASEM Report, 2019.

Approaches for health care system to augment social care (public charge example)

Adjustment	Assistance	Alignment	Advocacy
Provide targeted trainings on trauma-informed care for patient-facing staff & clinicians.	Co-locate resources like medical-legal partnerships, CBO partners, and data-sharing.	Contribute clinic experience to community conversations about the new rule.	Use formal rulemaking process to try to stop public charge rule & to queue up impact litigation that is health-informed.

Adapted and used with permission from Keegan Warren-Clem, JD, LLM. TLSC Medical-Legal Partnerships.

NASEM Committee Recommendations

GOAL 1: DESIGN HEALTH CARE DELIVERY TO INTEGRATE SOCIAL CARE INTO HEALTH CARE.

NASEM Committee Recommendations: The How

GOAL 2: BUILD A WORKFORCE TO INTEGRATE SOCIAL CARE INTO HEALTH CARE DELIVERY.

GOAL 3: DEVELOP A DIGITAL INFRASTRUCTURE THAT IS INTEROPERABLE BETWEEN HEALTH CARE AND SOCIAL CARE ORGANIZATIONS.

GOAL 4: FINANCE THE INTEGRATION OF HEALTH CARE AND SOCIAL CARE.

Social Interventions Research & Evaluation Network

SIREN's mission is to catalyze and disseminate high quality research that advances efforts to address social determinants of health (SDH) in health care settings.

Activities include:

Catalyzing high quality research

Collecting & disseminating research findings

Providing evaluation, research, & analytics consultation services

sirenetwork.ucsf.edu | siren@ucsf.edu | @SIREN_UCSF

Collaborative Approach to Public Good Investments (CAPGI):

A Sustainable Financing Tool For *Communities*

LEN M. NICHOLS, PHD

NON-RESIDENT FELLOW, HEALTH POLICY CENTER AT THE URBAN INSTITUTE AND PROFESSOR EMERITUS AT GEORGE MASON UNIVERSITY

Collaborative Approach to Public Good Investments (CAPGI):

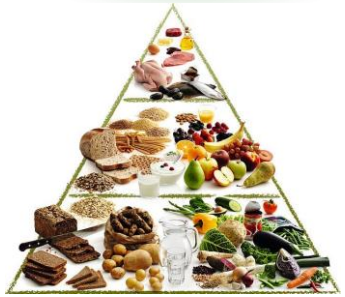
A Sustainable Financing Tool For *Communities*

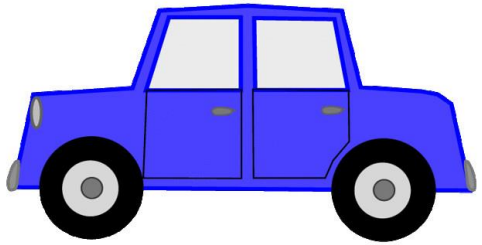
Len M. Nichols, Ph.D.

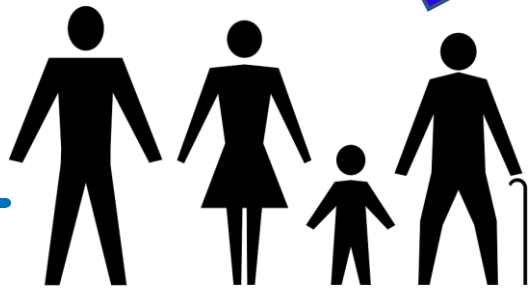
Urban Institute

August 13, 2020

Value Creation from Upstream Interventions



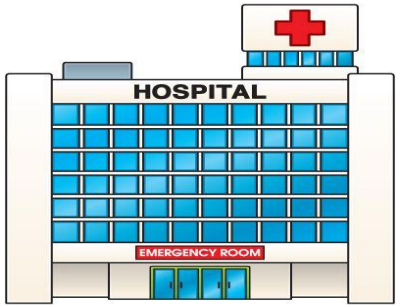


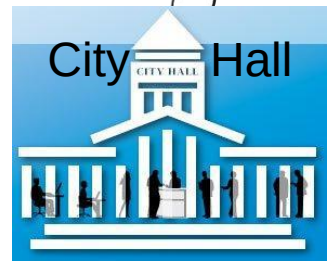


Improved Health And well being

Stronger Community

Lower Costs, Or Mission-Consistent Value





How Long?

Free Rider Problem is Impediment to SDOH investment

- Stakeholders know they will benefit if others invest and they do not
- Stakeholders fear some of their spending would benefit others in ways they cannot get credit
- Both of these realizations lead to under-investment upstream

COMMUNITY HEALTH

By Len M. Nichols and Lauren A. Taylor

DOI: 10.1377/hlthaff.2018.0039
HEALTH AFFAIRS 37,
NO. 8 (2018): 1223–1230

POLICY INSIGHT

Social Determinants As Public Goods: A New Approach To Financing Key Investments In Healthy Communities

https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2018.0039

Solutions to Public Good/Free Rider Problem

- Samuelson/traditional economics of 20th century (and textbooks still today)
  - Underinvestment in public goods is inescapable in a market economy of self-interested agents
  - Government will have to estimate benefit of investment, levy and collect taxes, make spending decisions about scale of public good investment, hard to know true preferences of the people
- Vickrey-Clarke-Groves
  - IF a group of beneficiaries from public good investment, or “stakeholders” (coalition) can be identified
  - AND a “trusted broker” exists
  - AND IF coalition members agree to conditions of VCG bidding mechanism (set of rules governing net prices)
  - THEN the VCG mechanism can achieve the right “yes/no” decision on public good investment
- CAPGI
  - Amends VCG to make it more sustainable in our SDOH context

The Core Idea of CAPGI

$ **FAIR!**

CAPGI Helps Stakeholders Find Fair and Effective Prices to Pay for Intervention

- Private Solutions to “Free-Rider” problem possible under 2 conditions
  - Operational local stakeholder coalition
  - “Trusted Broker”
- Those conditions are widespread today
- Key elements of CAPGI model:
  - Reveal willingness to pay to the trusted broker *only*
  - If aggregate value > cost, we help TB assign fair prices so that surplus is shared
  - Contributions and Sustainability are based on enlightened self-interest

How CAPGI would amend VCG

- To make upstream SDoH investments sustainable, we think we need to add two conditions or “Fairness Constraints” to the basic VCG framework
- These **Fairness Constraints** are:

➢ **1. no one pays more than they bid, everyone shares in the surplus**

➢ **2. each stakeholder shares the available surplus in equal proportion**

➢ In addition, local coalitions may want to agree to additional fairness rules (before bidding)

- So CAPGI = VCG + our Fairness Constraints

A THEORY OF FAIRNESS, COMPETITION, AND COOPERATION*

ERNST FEHR AND KLAUS M. SCHMIDT

Quarterly Journal of Economics, August 1, 1999

Fairness as a Constraint on Profit Seeking: Entitlements in the Market

By DANIEL KAHNEMAN, JACK L. KNETSCH, AND RICHARD THALER*

American Economic Review, 76(4): (Sept. 1986)

Example of Pricing for Upstream Investments

Cost: $180 for Complex Case Management by CHWs and Social Workers

Value Expressed

Insurers — Initial Bid: $110

Hospitals — Initial Bid: $50

Non-Vendor CBOs — Initial Bid: $40

= $200

Sum of Bids (Collective Valuation) = $110 + $50 + 40 = $200

But We only Need $180 to Cover the Cost

so

We need 90% (180/200) of Total

We can allow 10% "Discount" to All Bidders

Note: **Fairness Constraints** *Satisfied*!!

Prices Assigned

Insurers — Price Charged: $99 ($11 less than Bid)

Hospitals — Price Charged: $45 ($5 less than bid)

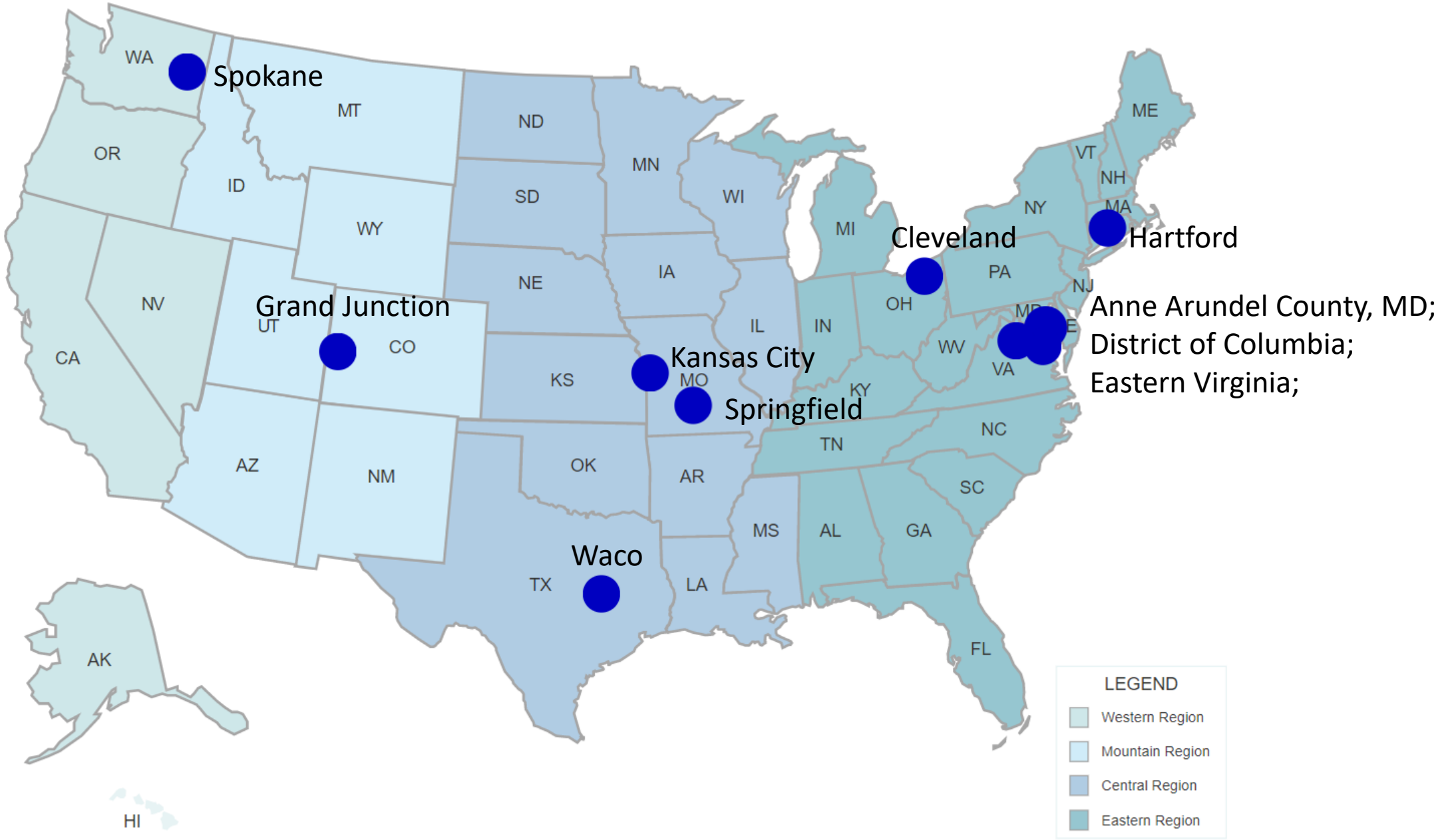
Non-Vendor CBOs — Price Charged: $36 ($4 less than bid)

= $180

Total Collected = $180 = Cost of Intervention = $180, but *VALUE delivered = $200*

Research Funding
We are extremely and eternally grateful for the support of the Commonwealth Fund, the Missouri Foundation for Health, the Episcopal Health Foundation, and the California Health Care Foundation whose vision and creativity have made this work possible. Each of them is also actively participating in the project with our Advisory Council and our team.

Communities Participating in CAPGI 2020



CAPGI Locations and SDOH Foci

- Spokane, WA---------- Permanent Supportive Housing (PSH)
- Grand Junction, CO---------- Case Mgt. for SI seniors in Section 8 housing
- Waco, TX---------- Behavioral Crisis Response System
- Kansas City, KS/MO---------- Upstream for high-risk of re-admission
- Springfield, MO---------- Family Connect
- Cleveland, OH---------- Medically Tailored Meals
- DC---------- Navigation redesign to improve BRCA outcomes
- Hartford, CT---------- Helping Parents' manage their children's asthma
- Eastern Virginia---------- Home visitation to reduce readmissions
- Anne Arundel County, MD---------- Behavioral Crisis Response Teams

Challenges So Far

- COVID-19
- Community size correlated with initial insurer interest
- Health care sector needs to be convinced others understand their need for a “business case”
- Probably need Medicaid “permission” for many interventions
- Novel interventions have less convincing evidence of impact

QUESTIONS?

lnichols@urban.org

https://capgi.urban.org

RYAN HOWELLS

PRINCIPAL,
LEAVITT PARTNERS

LEAVITT PARTNERS

NASDOH

National Alliance to Impact the Social Determinants of Health

COMMUNITY INFORMATION EXCHANGE SUMMIT

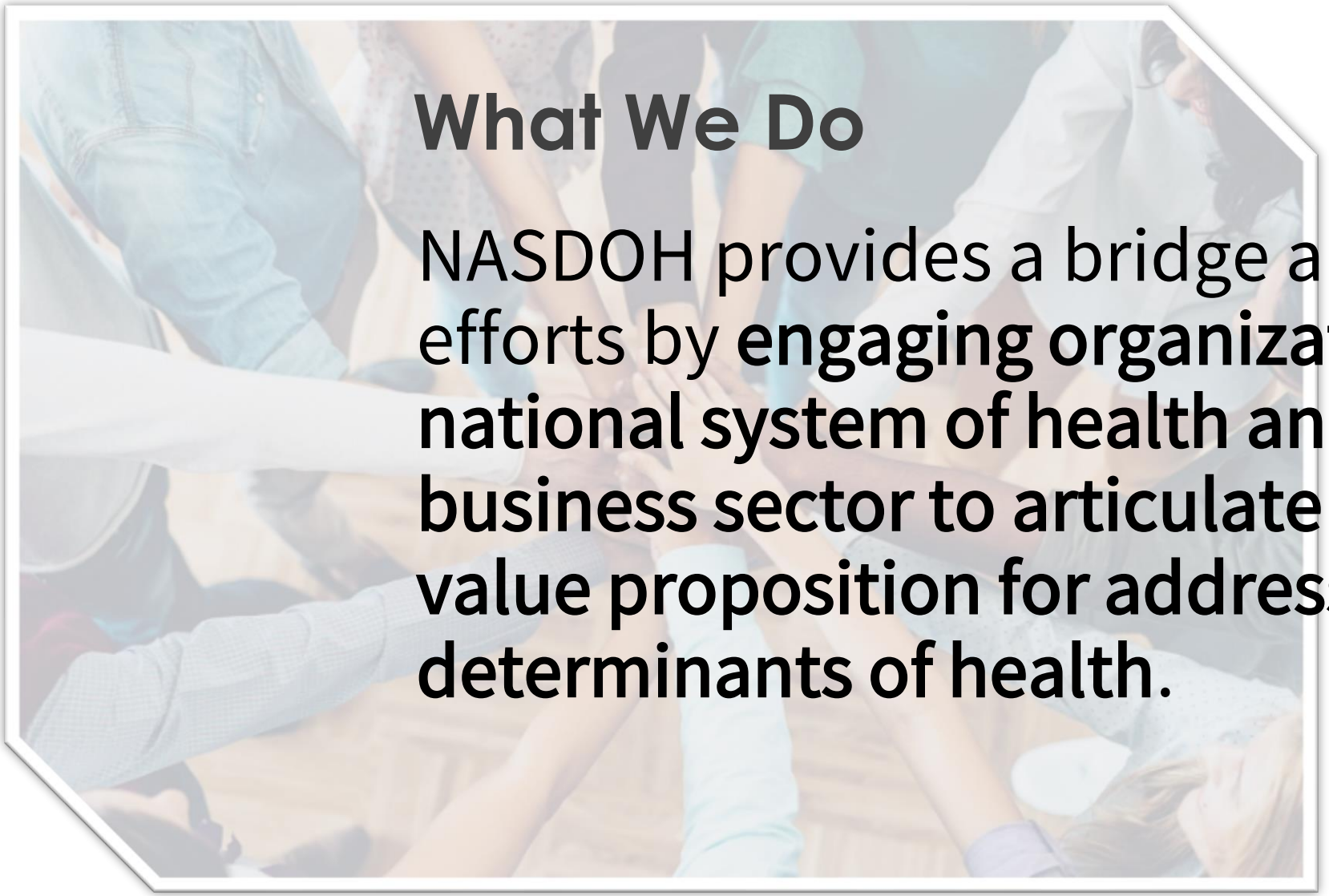
Ryan Howells, Principal

August 13, 2020

NASDOH

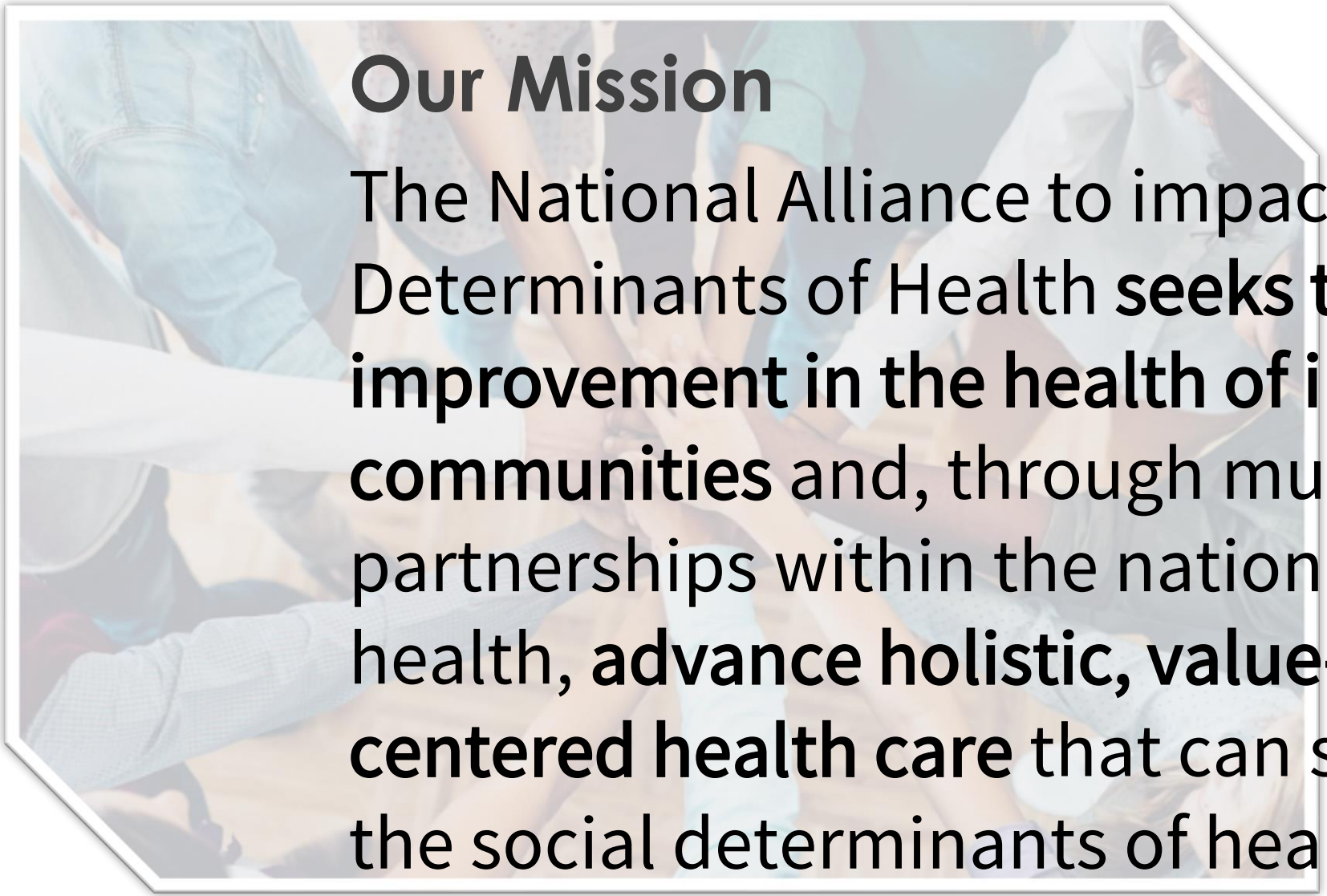
WHO WE ARE

The **National Alliance to impact the Social Determinants of Health (NASDOH)** is a group of stakeholders working to systematically and pragmatically build a common understanding of the importance of addressing social needs as part of an overall approach to health improvement.



What We Do

NASDOH provides a bridge among sectoral efforts by **engaging organizations across the national system of health and in engaging the business sector to articulate the cross-sector value proposition for addressing the social determinants of health.**



Our Mission

The National Alliance to impact the Social Determinants of Health **seeks to make a material improvement in the health of individuals and communities** and, through multi-sector partnerships within the national system of health, **advance holistic, value-based, person-centered health care** that can successfully impact the social determinants of health.

NASDOH Co-Conveners

[Governor Michael O. Leavitt]

Former US Secretary of Health and Human Services
Administrator of US Environmental Protection Agency
Founder of Leavitt Partners

[Karen DeSalvo, MD, MPH]

Former Health Commissioner, City of New Orleans
Former Acting Assistant Secretary
US Department of Health and Human Services

Our Members

Steering Committee

General Membership

Key Work Streams

Our focus

is to advance public and private sector policy environments to support the advancement of the evidence base upon which work in the field can build, innovate, and be sustained. Specifically, our areas of focus are:

1. Issue framing in a way that promotes action
2. Elevating shared learnings across communities
3. Leveraging shared approaches to measurement and evaluation
4. **Encouraging data and technology innovation**
5. Promoting a supportive policy environment at all levels of government and in the private sector

Value of Identifying & Sharing SDOH Data

Issue Statement

- **To meaningfully address SDOH, we need to resolved the fragmented communication and coordination between service providers and to individuals. We also must find ways to measure the outcomes of the investments we are making in our communities using data.**

- **This fragmentation and inability to measure outcomes have many unfavorable consequences, including**

-Limiting the effectiveness of resource availability and allocation;

-Negatively impacting the quality of care;

-Securing investments in the short rather than long-term; and

-Creating frustration and confusion for individuals needing services and supports to address the impact of SDOH.

Value of Identifying & Sharing SDOH Data

In an ideal world, the following data would be shared securely, privately, in a standardized way, and with an individual's consent

- **Individuals' social needs information:**
  An accounting of an individual's self-reported social needs or SDOH that impact them.

- **Eligibility and enrollment administrative data:**
  The health and social services programs for which an individual is eligible and enrolled, e.g. whether an individual is eligible and enrolled to receive home-delivered meals.

- **Care planning and experience:**
  Whether an interaction between the individual and community-based organizations (CBOs) occurred, and whether an intervention was delivered.

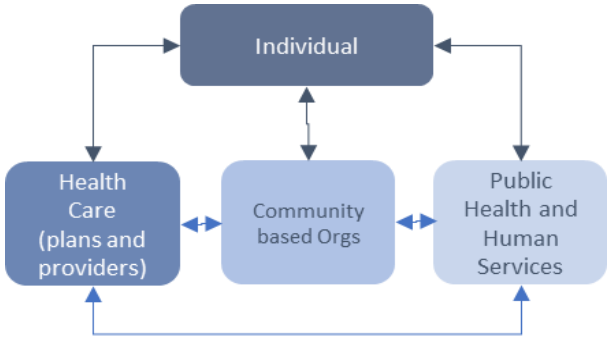
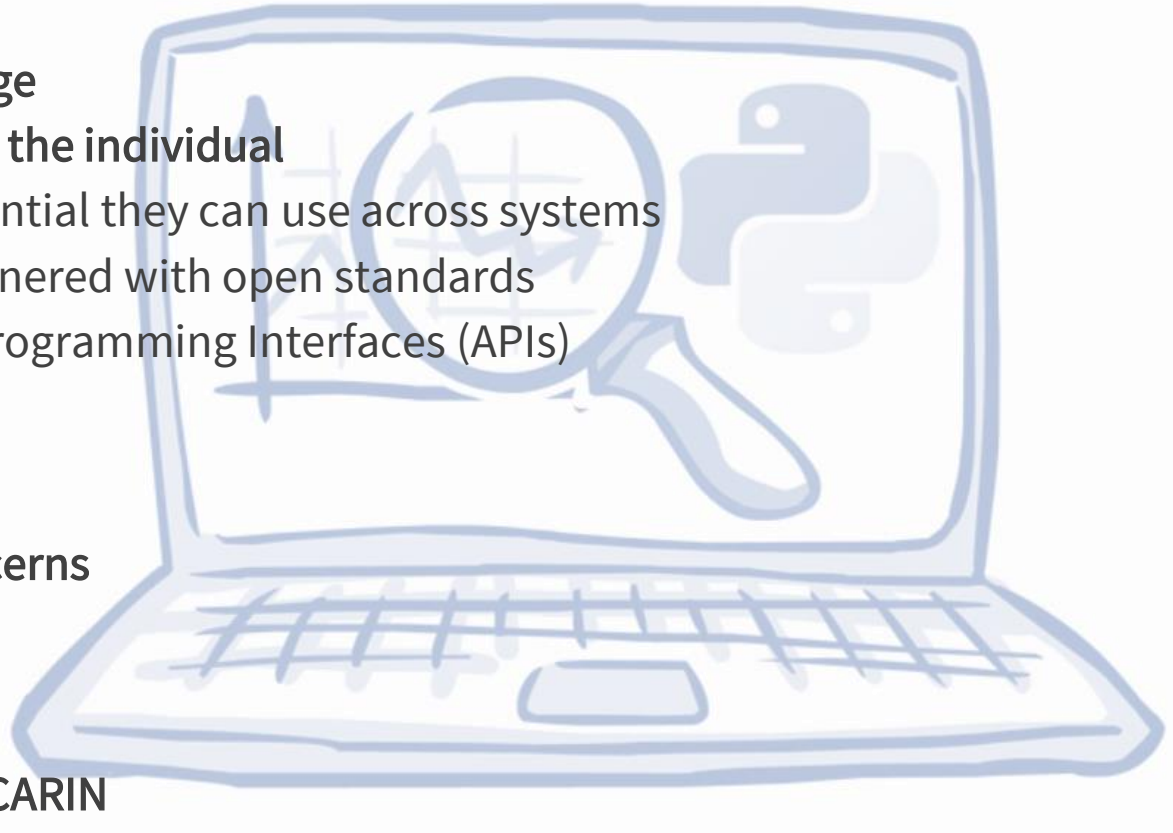


Figure 1. Individuals provide their individual SDOH information at the point they interact with a health care or social service CBO. This information is easily shared with partner organizations. For example, if an individual sees their health care provider and reports food insecurity, that information is shared with their health plan, eligibility and enrollment for human service programs can be confirmed, and there is seamless care planning and experience data sharing between the service providers.

Prevailing Challenges

Technical Challenges

- Consent management
- Standardization of SDOH data collection and storage
- Data sharing between ecosystem parties, including the individual
  - -Ensuring individuals have a digital credential they can use across systems
  - -Proprietary technical infrastructure partnered with open standards
  - -Database + Applications + Application Programming Interfaces (APIs)



Non-technical Challenges

- Access and comfort with digital solutions, and concerns about information collection and sharing
- Social care sector capacity and capability
- Unnecessary medicalization of SDOH
- Trust ecosystem inside and outside of HIPAA (e.g., CARIN Alliance Code of Conduct and Trust Framework)

Five Key Opportunities

OPPORTUNITY 1. Enable consumer-directed permission of SDOH information sharing	OPPORTUNITY 2. Ease collection of data on social needs	OPPORTUNITY 3. Support efforts to verify identity	OPPORTUNITY 4. Facilitate interoperability between service providers in SDOH ecosystem	OPPORTUNITY 5. Facilitate access to eligibility and enrollment in human service programs
There is an opportunity to overcome this challenge by developing or driving the adoption of existing principles and tools for managing individual permission to share SDOH information, and to govern the responsible management and sharing of SDOH data within and between service providers, as well as with consumers	There is an opportunity to develop a consensus around a set of technical standards for collecting social needs information using federated models, which can be scaled for national use. In fact, there are thoughtful approaches to standardizing and capturing SDOH data already underway or being tested.	The lack of a standardized approach for verifying unique users across electronic systems can be addressed through industry-wide framework for digital identity solutions. This would advance the ability to exchange data across systems electronically, including SDOH data.	There is an opportunity to facilitate bidirectional SDOH data sharing between social, health, and other service providers by building open standards to support a single digital infrastructure for accessing and exchanging this information.	There is an opportunity to build open standards for accessing and exchanging real-time eligibility and enrollment information for state-administered social and human service programs would support efforts to address social need.

Call to Action & Principles

- **NASDOH calls upon our partners in the health care, technology, and social service sectors to consider these opportunities and establish durable solutions to advance SDOH interoperability.**

- **In support of these efforts, NASDOH offers a set of core principles that we believe can help instill the trust and build the capacity needed:**
  - -Collaborative approaches
  - -Individual-centric and purpose-specific
  - -Transparency
  - -Open standards-based
  - -Flexible architecture and operational structure
  - -Interoperable, federated exchange model
  - -Multi-directional exchange approach
  - -Strict privacy and security practices

Smart on Value

LEAVITT PARTNERS

www.nasdoh.org

www.carinalliance.com

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www.leavittpartners.com

@LeavittPartners

WRAP-UP

SARAH LYMAN

EXECUTIVE DIRECTOR,
ALLIANCE HEALTHCARE FOUNDATION

COMMUNITY INFORMATION EXCHANGE
VIRTUAL SUMMIT

WHAT'S NEXT

- Learning Lab & Lounge
- Vendor Showcase