Systems for Action
National Coordinating Center
Systems and Services Research to Build a Culture of Health

Strategies to Achieve Alignment, Collaboration, and Synergy Across Delivery and Financing Systems

Addressing Social Risk Through Medical Home and Social Services Connectivity and Communication

Research In Progress Webinar
Wednesday, May 8, 2019
12:00-1:00 pm ET/9:00-10:00am PT

College of Public Health
Center for Public Health Systems and Services Research

Funded by the Robert Wood Johnson Foundation

Agenda

Welcome:	Shana Moore, PhD Systems for Action College of Public Health University of Kentucky
Presenter:	Keri Christensen, MS Director of Research and Innovation National Committee for Quality Assurance Washington, DC
Commentary:	Amanda Brewster, PhD Assistant Professor of Health Policy and Management UC Berkeley School of Health
Q&A:	Moderated by Dr. Shana Moore

Presenter

Keri Christensen, MS
Director of Research and Innovation
National Committee for Quality Assurance

Commentator

Amanda L. Brewster, PhD
Assistant Professor
Health Management and Policy
UC Berkeley School of Health

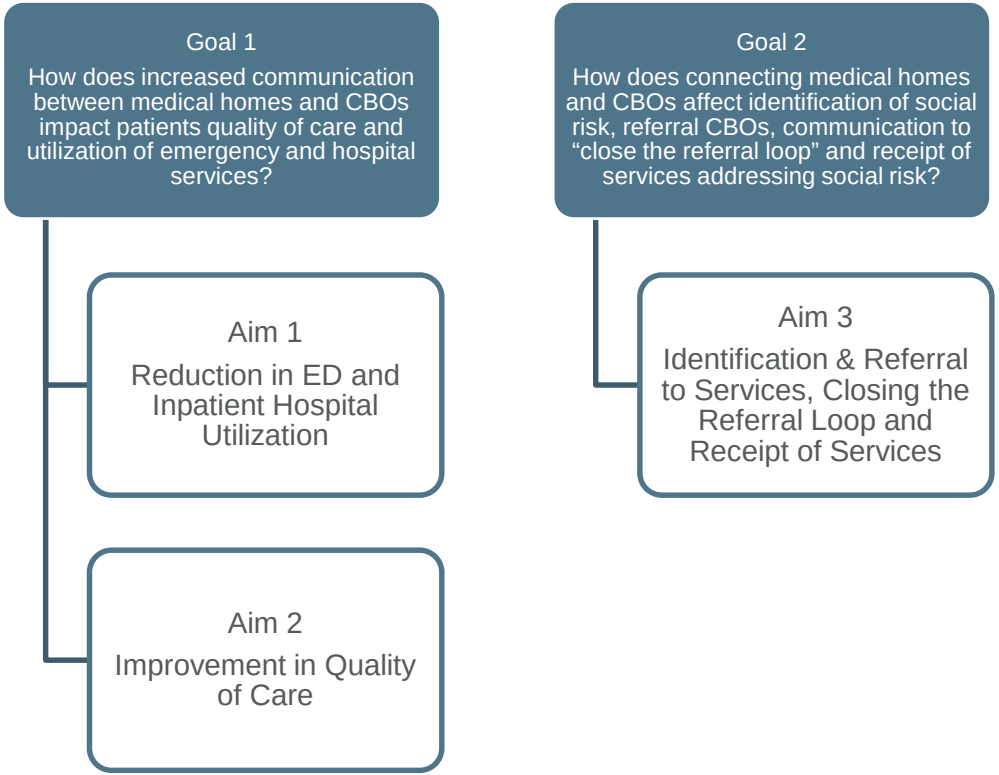
Addressing Social Risk Through Medical Home and Social Services Connectivity and Communication

Research-In-Progress Webinar. 05.08.19

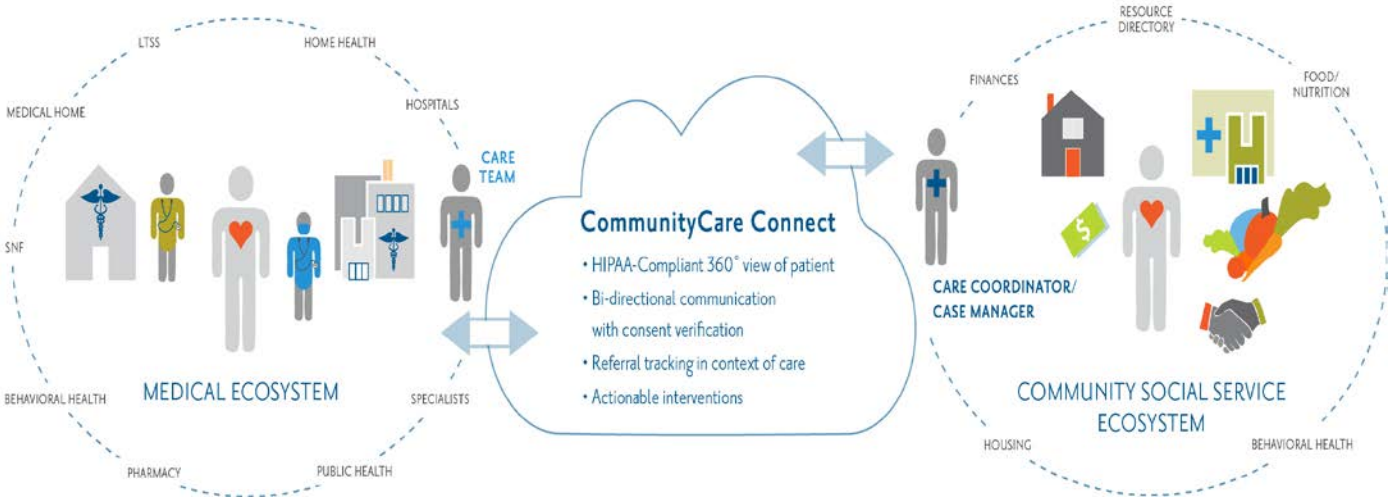
Project Team Members: National Committee for Quality Assurance (NCQA), Medical Home Network (MHN), Cook County Health & Hospitals System (CCHHS)
Principal Investigator: Sarah Hudson Scholle, NCQA
Project Director: Keri Christensen, NCQA

Project Overview

Goals & Aims



Connectivity Platform Workflow



Available Data Elements

Pre and Post Intervention

Patient Demographic Information

Age at HRA collection date

Sex

Medical Home

Comorbidities

Depression

Asthma

Drug or alcohol treatment

Patient Level Social Risk

Housing

Difficulty paying for medication

Primary language

Outcomes

Breast cancer screening

Colorectal cancer screening

Utilization

Identifying Correct Patients

Age as of December 31 of measurement year

Primary care provider name

Primary care provider site ID

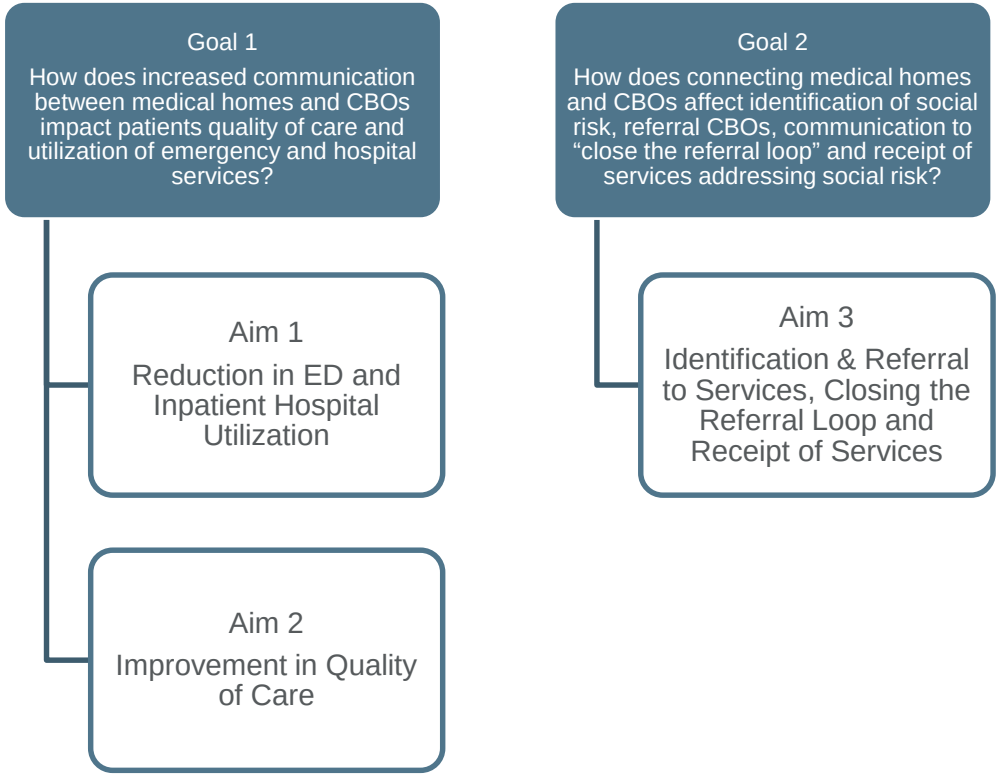
Available Data Elements

Communication Elements

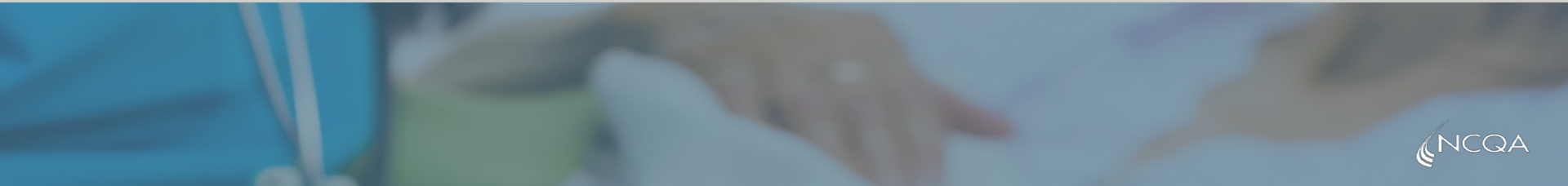
CBO/Medical Home Connection Elements
Reason for communication
Which CBO is sending the message
Which medical home is sending the message
What type of service is requested
Text included in the message

Project Overview

Goals & Aims

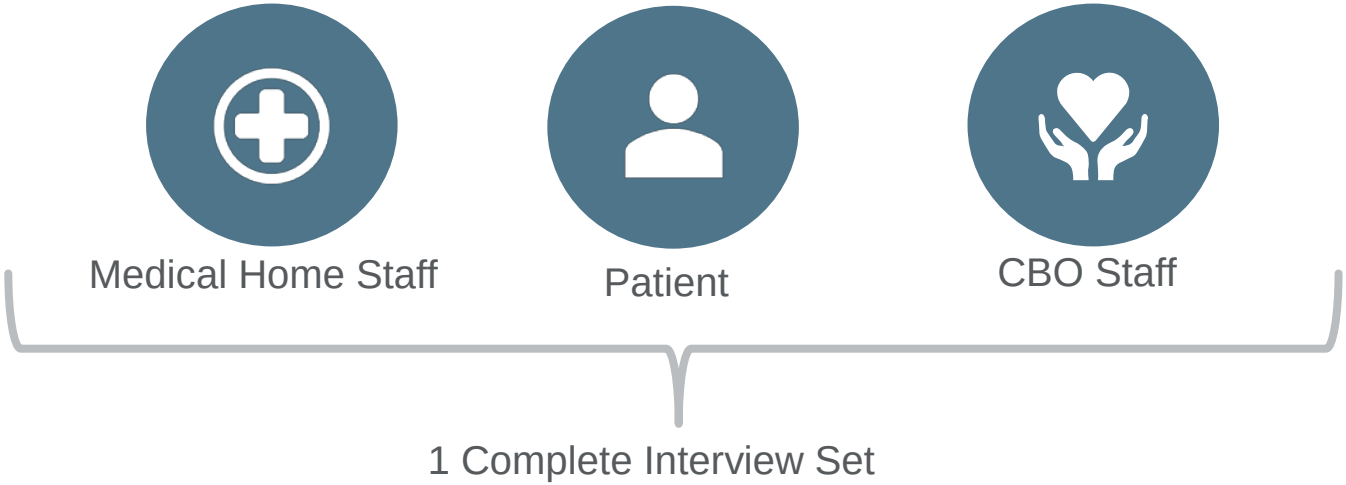


Qualitative Research: Interviews



Qualitative Research

Interviews



Qualitative Research

Recruitment Process

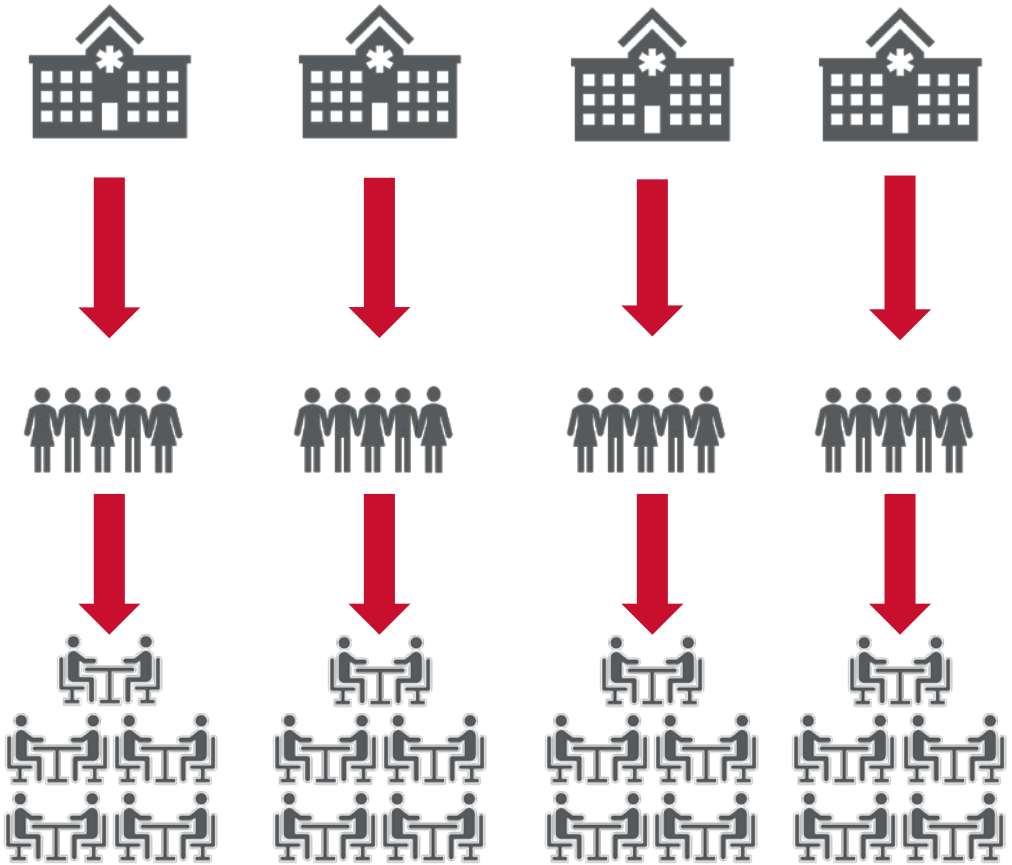
MHN to select 4 Medical Homes

MHN to confirm Medical Home Staff Will Participate

NCQA to recruit up to 5 patients per medical home

MHN to confirm CBO staff will participate

NCQA to conduct interviews with patients, medial home staff & CBO staff



NCQA

Qualitative Research

Patient Interview Questions

How confident did you feel to call the social service organization recommended by your care manager?

Would you recommend your care manager to others to access social services?

How did your care manager ask about your needs?

How did your care manager ask about your needs?

How did you feel when social services were recommended to you?

After working with the social service agency, do you feel that your needs were met?

During the conversation with your care manager, did you discover any needs you hadn't previously thought of?

Qualitative Research

Care Manager Interview Questions

What, if any, preferences did the patient express to you at the start of their care management regarding their social needs?

How did you communicate with the social service agency after your patient was referred?

How did you and the patient work together to select the social service agency?

What, if any, feedback have you received from your patient about the new referral process?

What do you think your role should be in meeting your patients social needs?

What impact have you noticed on your workflow since you began using this platform?

How has using the platform impacted your relationship with CBOs who use the platform?

Qualitative Research

CBO Staff Interview Questions

How did you follow up with the medical home to communicate information about the client's social needs?

How has using the platform impacted your relationship with medical homes who use the platform?

What impact have you noticed on your workflow sine you began using this platform?

How was the client referred to you?

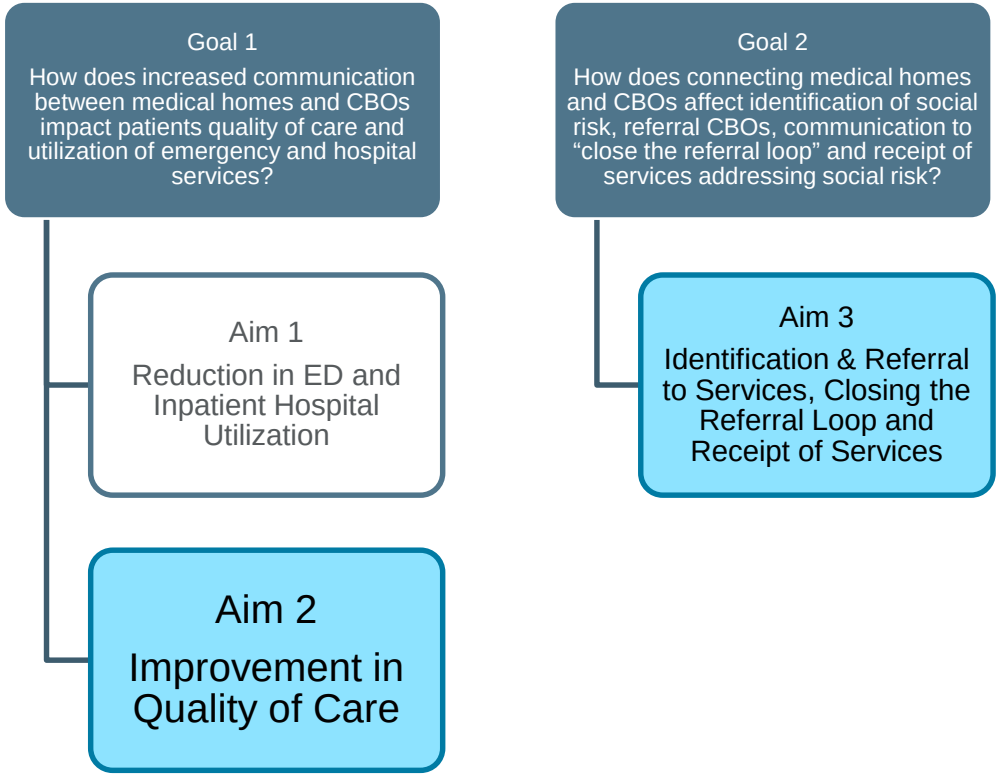
Do you think the client left satisfied with the services they received?

Did your confidence in being able to meeting clients' medical/social needs change with the new functionality?

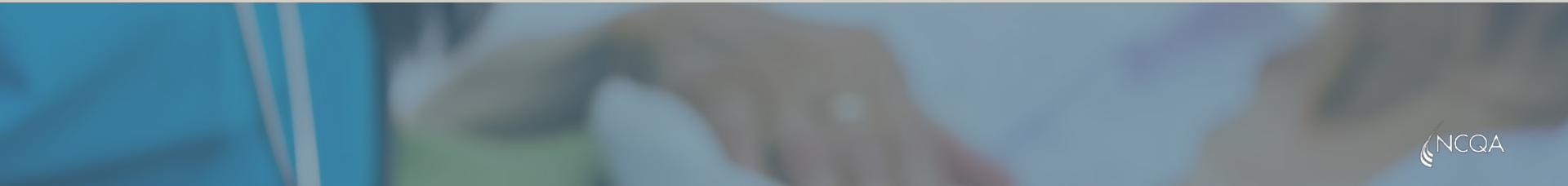
What are your thoughts on care managers and providers having an increased role in helping patients meet their social service needs?

Project Overview

Goals & Aims



Baseline Data



Baseline Data

Practice Level Demographics

- Cook County, IL
- Medicaid Managed Care
- Medical Home Network Accountable Care Organization
  - 12 Medical Home organizations (9 FQHC, 3 Hospital Systems)
  - ~113,000 patients
- 12 Community Based Organizations

Types of Needs

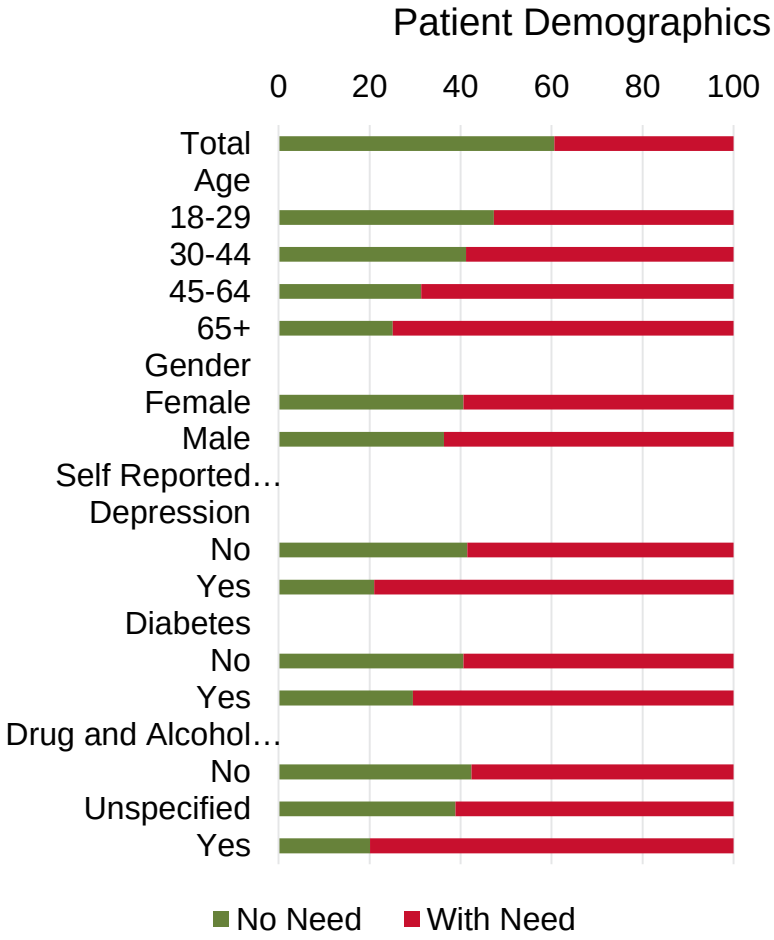
Collected at the Patient Level

Type of Need	MHN Data Element Available
Support Needs	Do you live alone? Is there a responsible adult who can take care of you for a few days?
Transportation Needs	Does lack of transportation keep you from making it to your appointments or getting medication?
Housing Needs	Do you live in a shelter or are you homeless? Do you live in a group home or transitional housing? Do you feel physically and emotionally safe with those you live with?
Financial Needs	Do you need help getting food, clothing or housing? Do you need help paying for medications?
Demographic Need	Is your primary language other than English?

Baseline Data

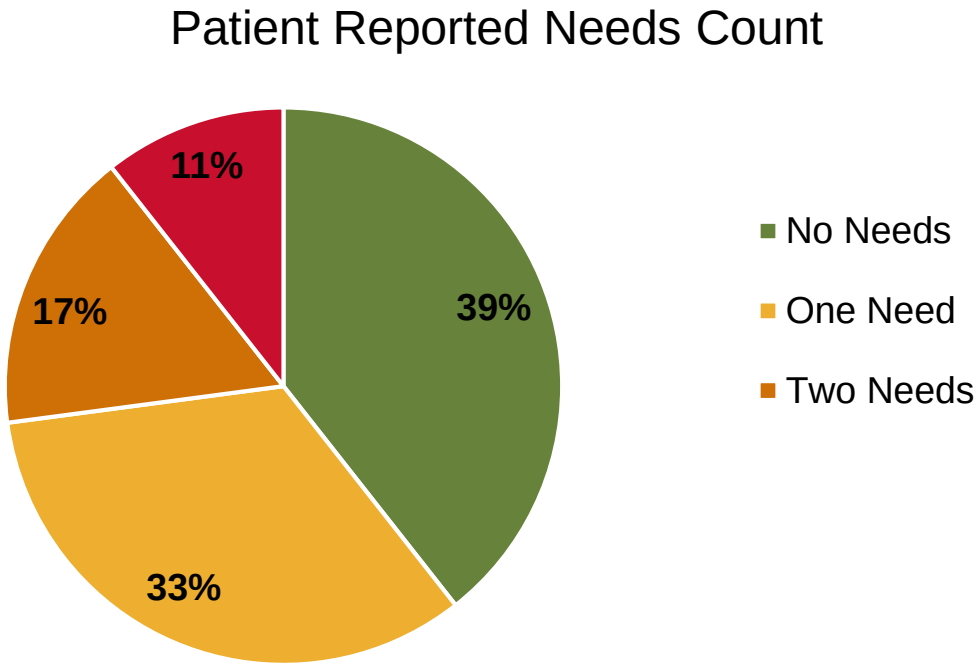
Presence of Need

- Older patients have more need
- Men have more need
- Spanish speakers have more need
- People with chronic conditions have more need
  - Depression
  - Diabetes
  - Drug and Alcohol Treatment



Baseline Data

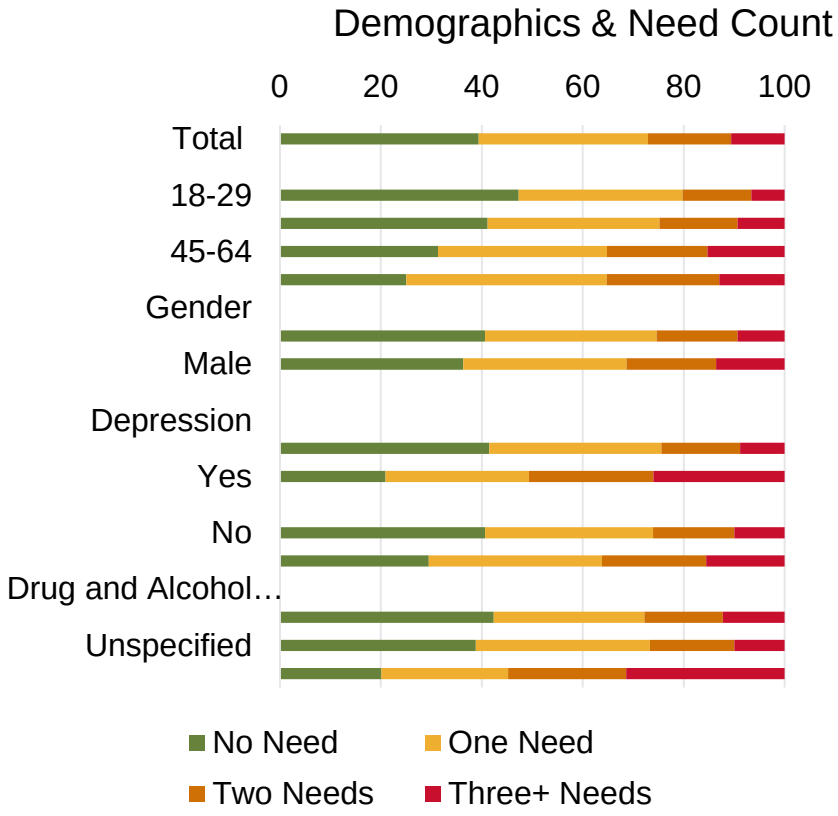
Patient Reported Needs Count



Baseline Data

Number of Needs

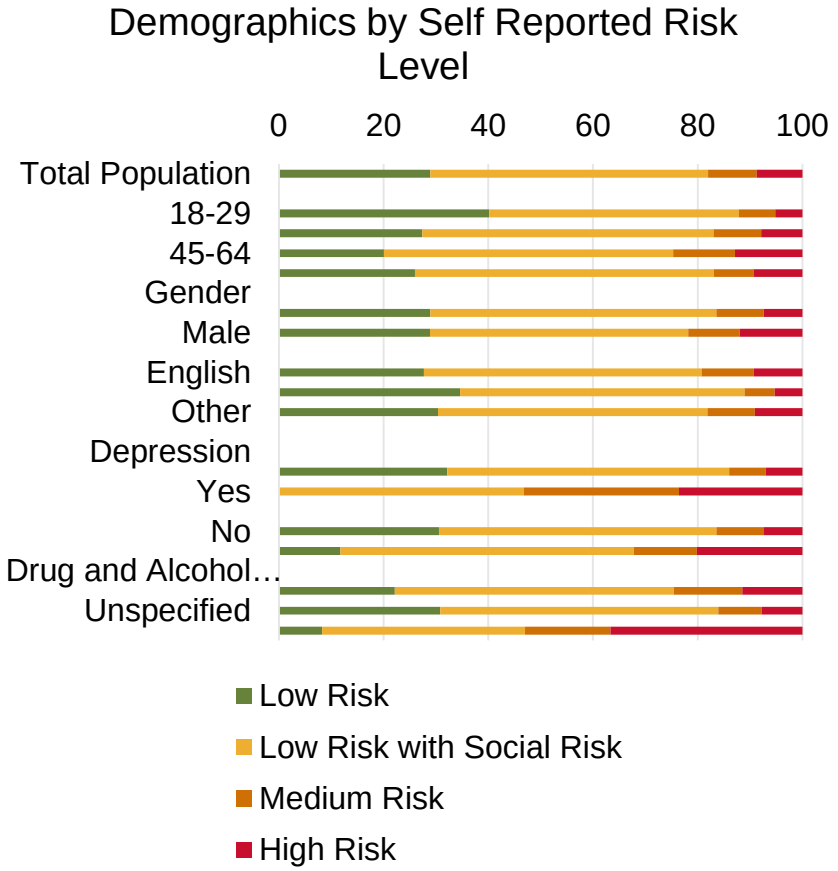
- Older patients have more needs
- Men have more needs
- People with chronic conditions have more needs
  - Depression
  - Diabetes
  - Drug and Alcohol Treatment



Baseline Data

Provider-Assigned Risk

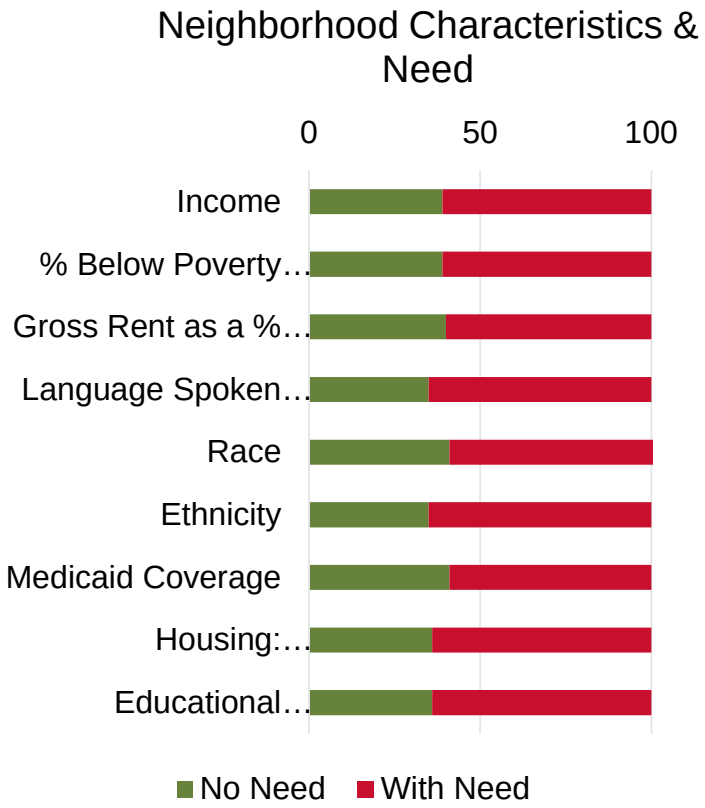
- Younger patients are lower risk
- Men have more needs clinically
- People without chronic conditions are lower risk



Baseline Data

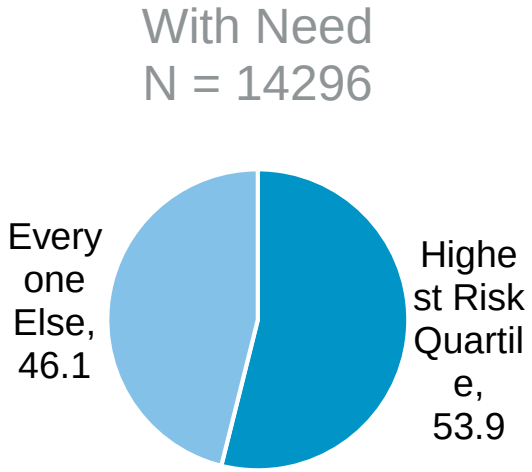
Neighborhood Level Characteristics & Need for the Highest Risk Quartile

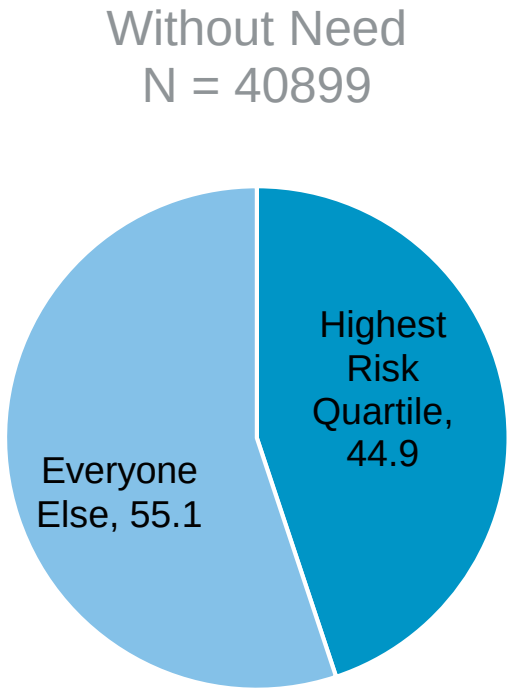
Demographics	Total Population N	%	P value
Income	26071	45.3	0.014
% Below Poverty	25372	44.1	0.024
Gross rent as a % of Income	22359	38.9	0.022
Language	18910	32.9	<.001
Race	25730	44.7	<.001
Ethnicity	22442	39.0	<.001
Medicaid Coverage	11418	19.8	<.001
Housing: Occupants Per Room	18895	32.8	<.001
Educational Attainment	26756	46.5	<.001



Financial Need in the Highest Risk Quartile

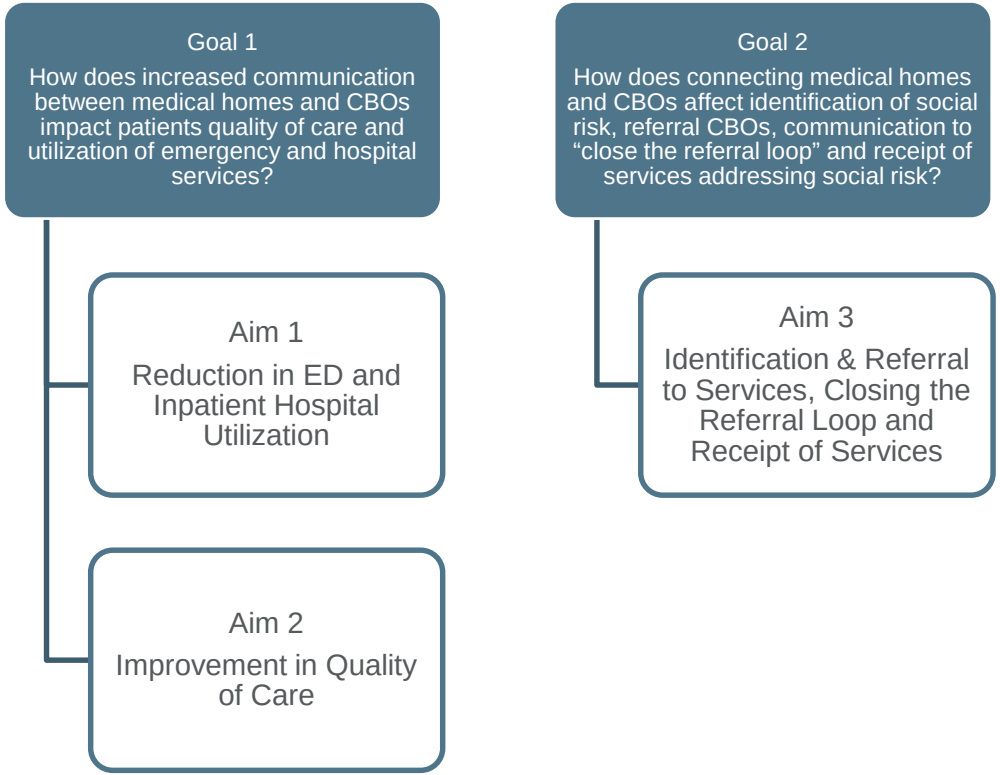
Income up to $36755.50 in the American Community Survey





Project Overview

Goals & Aims



Thank you

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Jeni Soucie Soucie@ncqa.org

Commentator

Amanda L. Brewster, PhD
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UC Berkeley School of Health

Health Care – CBO networks

Distinct types of collaboration

1. Coordinating now to care for **shared patients / clients**
   - Sharing information
   - Referrals

2. Aligning **plans for the future**
   - Strategic planning / goal setting
   - Needs assessment
   - Joint projects

Further reading

HSR Health Services Research

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DOI: 10.1111/1475-6773.12775
RESEARCH ARTICLE

Patterns of Collaboration among Health Care and Social Services Providers in Communities with Lower Health Care Utilization and Costs

Amanda L. Brewster, Marie A. Brault, Annabel X. Tan, Leslie A. Curry, and Elizabeth H. Bradley

ORIGINAL ARTICLE

Collaboration in Health Care and Social Service Networks for Older Adults

Association With Health Care Utilization Measures

Amanda L. Brewster, PhD, Christina T. Yuan, PhD,† Annabel X. Tan, MPH,‡ Caroline G. Tangoren, BA,‡ and Leslie A. Curry, PhD‡*

Background: Services targeting social determinants of health—such as income support, housing, and nutrition—have been shown to improve health outcomes and reduce health care costs for older adults. Nevertheless, evidence on the properties of effective collaborative networks across health care and social services sectors is limited.

Objectives: The main objectives of this study were to identify features of collaborative networks of health care and social services organizations associated with avoidable health care use and spending for older adults.

Conclusions: Cross-sector engagement by health care organizations, particularly development of deeper types of collaborative ties such as cosponsorship, may reduce preventable health care use and spending. Efforts to foster effective partnerships could leverage the Area Agencies on Aging, which are already positioned as network brokers.

Key Words: social determinants of health, aging, cross-sector collaboration, network analysis

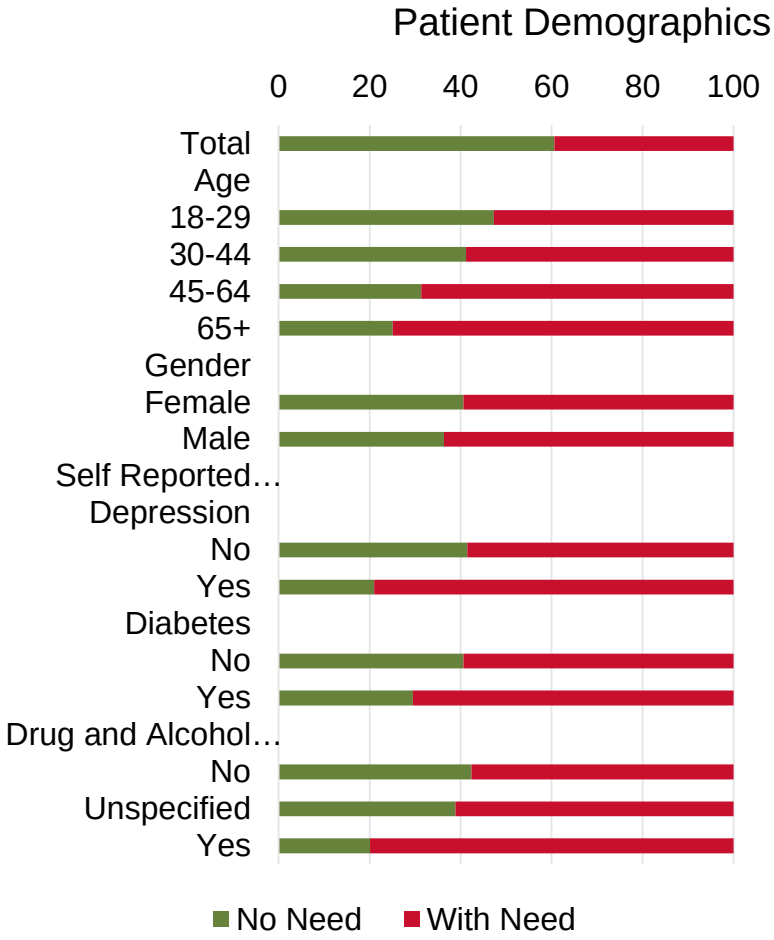
(*Med Care* 2019;57: 327–333)

Berkeley Public Health

Baseline Data

Patient Level Demographics

Demographics	Total Population N	Total Population %	P -Value
Total	5734	100	
Age			
18-29	17977	31.2	<.001
30-44	19070	33.1	
45-64	18872	32.8	
65+	1615	2.8	
Gender			
Female	41058	71.4	<.001
Male	16476	28.6	
Primary Language			
English	44256	76.9	<.001
Spanish	8203	14.3	
Other	5075	8.8	
Self Reported Conditions			
Depression			
No	51692	89.8	<.001
Yes	5842	10.2	
Diabetes			
No	51083	88.8	<.001
Yes	5586	9.7	
Drug and Alcohol Treatment			
No	11434	19.9	<.001
Unspecified	45700	79.4	
Yes	398	0.7	



Baseline Data

Patient Demographics & Count of Needs

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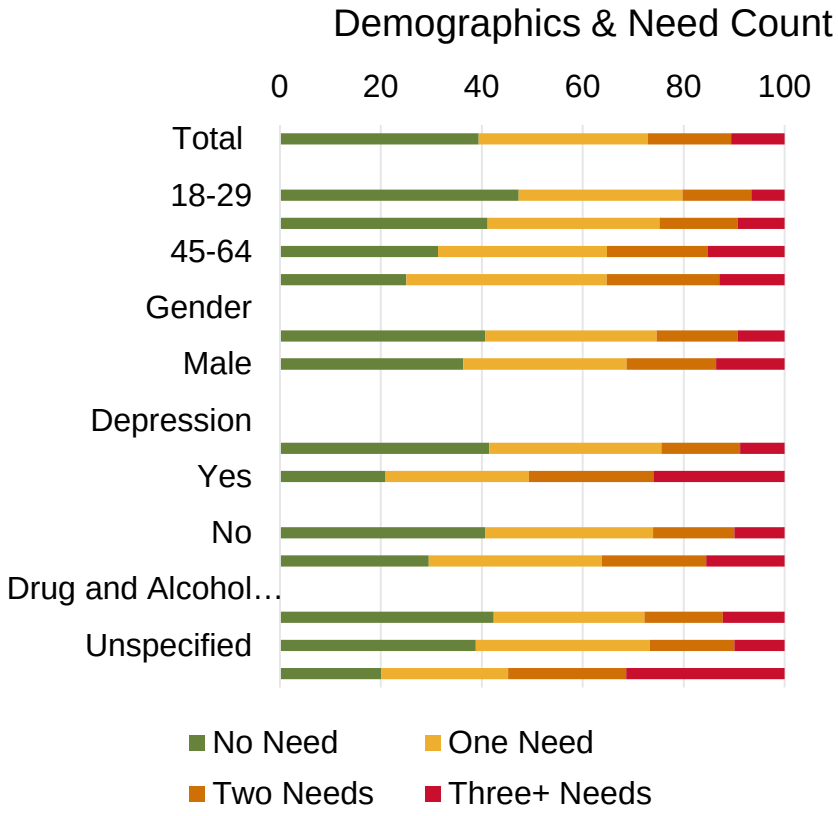

Baseline Data

Self Reported Risk Level by Demographic

Demographics	Total Population		P -Value
	N	%	
Total	**57534**	**100.0**	
Age			
18-29	17977	31.2	<.001
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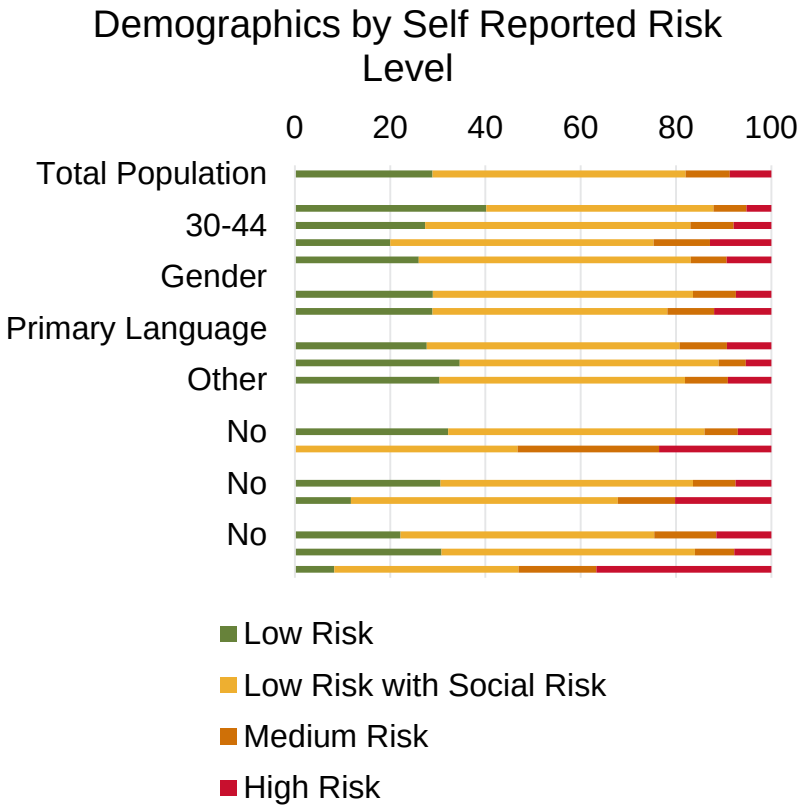
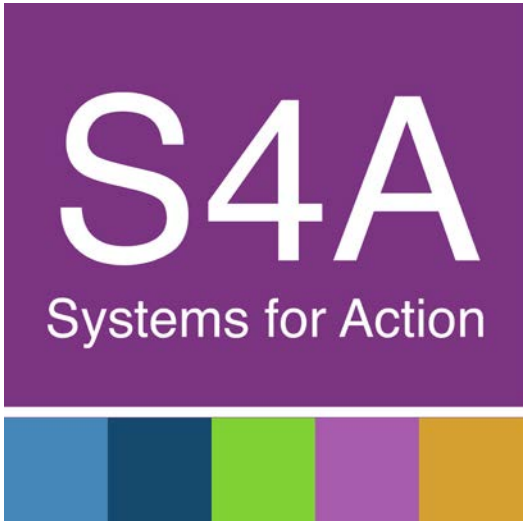


Questions?



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Upcoming Webinars

- **June 26, 2019, 12 p.m., ET**
  Systems for Action Individual Research Project
  Testing a Shared Decision-Making Model for Health and Social Service Delivery in East Harlem
  Carl Letamendi, PhD, MBA, and Rachel Dannefer, MPH, MIA, New York City Department of Health and Mental Hygiene
- **June 12, 2019, 12 p.m., ET**
  Systems for Action Individual Research Project
  Testing a Shared Decision-Making Model for Health and Social Service Delivery in East Harlem
  Carl Letamendi, PhD, MBA, and Rachel Dannefer, MPH, MIA, New York City Department of Health and Mental Hygiene
- **May 22, 2019, 12 p.m., ET**
  Systems for Action Collaborating Research Center
  The Comprehensive Care, Community, and Culture Program
  David Meltzer, MD, PhD, Center for Health and the Social Science, and Harold Pollack, PhD, School of Social Service Administration, The University of Chicago

Acknowledgements

Systems for Action is a National Program Office of the Robert Wood Johnson Foundation and a collaborative effort of the Center for Public Health Systems and Services Research in the College of Public Health, and the Center for Poverty Research in the Gatton College of Business and Economics, administered by the University of Kentucky, Lexington, Ky.