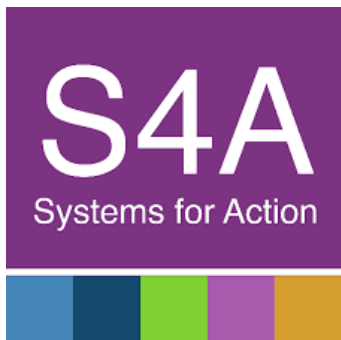




Connecting Vulnerable Seniors to Nutrition Assistance

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



Research-In-Progress Webinar
October 14, 2020
12-1pm ET

colorado school of
public health

Welcome: **Carrington Lott, MPH**
Program Manager for Systems for Action

Presenters: **Jamila McLean, MPH and Suzanne Kinsky, MPH, PhD**
Benefits Data Trust and UPMC Center for High Value Health Care

Joan Eichner, DrPH
UPMC Center for Social Impact

Q&A: **Carrington Lott, MPH**



Jamila McLean, MPH

Jamila McLean, MPH is the Healthcare Policy Manager at Benefits Data Trust. In this role, she analyzes and promotes policy and practice innovations that streamline access to Medicaid and other healthcare-related benefits – providing technical assistance to state agencies and their partners. Prior to joining BDT, McLean was a Program Officer at the Center for Health Care Strategies, where she supported efforts related to delivery system reform and children’s health. McLean holds a Master of Public Health, with a dual concentration in health systems and policy and health education and behavioral science, from the Rutgers School of Public Health.





Suzanne Kinsky, MPH, PhD

Suzanne Kinsky, MPH, PhD is the Director of Research Translation and Capacity Building at UPMC's Center for High-Value Healthcare, has nearly 20 years of experience implementing and evaluating both community- and clinically based health care initiatives. Her research interests include program evaluation and structural interventions to increase access to healthcare and improve health outcomes for vulnerable populations. In her current role, Dr. Kinsky conducts health services research to improve health care outcomes among UPMC members, including those enrolled in the CHC program. She also leads the dissemination of research and evaluation results by writing manuscripts for publication.





Joan Eichner, DrPH

UPMC HEALTH PLAN

Joan Eichner, DrPH joined the UPMC Health Plan in 2017 as a Program Administrator with the Center for High-Value Health Care. In that role, she collaborated to design and implement internally- and externally-funded research and evaluation projects to improve health care quality, efficiency, patient experience, and patient outcomes. In 2020 Dr. Eichner transitioned to the new UPMC Center for Social Impact as the Director of Operations and Evaluation. As a social intervention evaluator, Joan works with a multidisciplinary team to design and evaluate health system- and payer-driven actions that identify and address member- and community-level health related social needs.

Prior to UPMC, Joan worked at the University of Pittsburgh Office of Child Development as the Director of the Division of Applied Research and Evaluation and was a Peace Corps Volunteer in Guyana, South America.

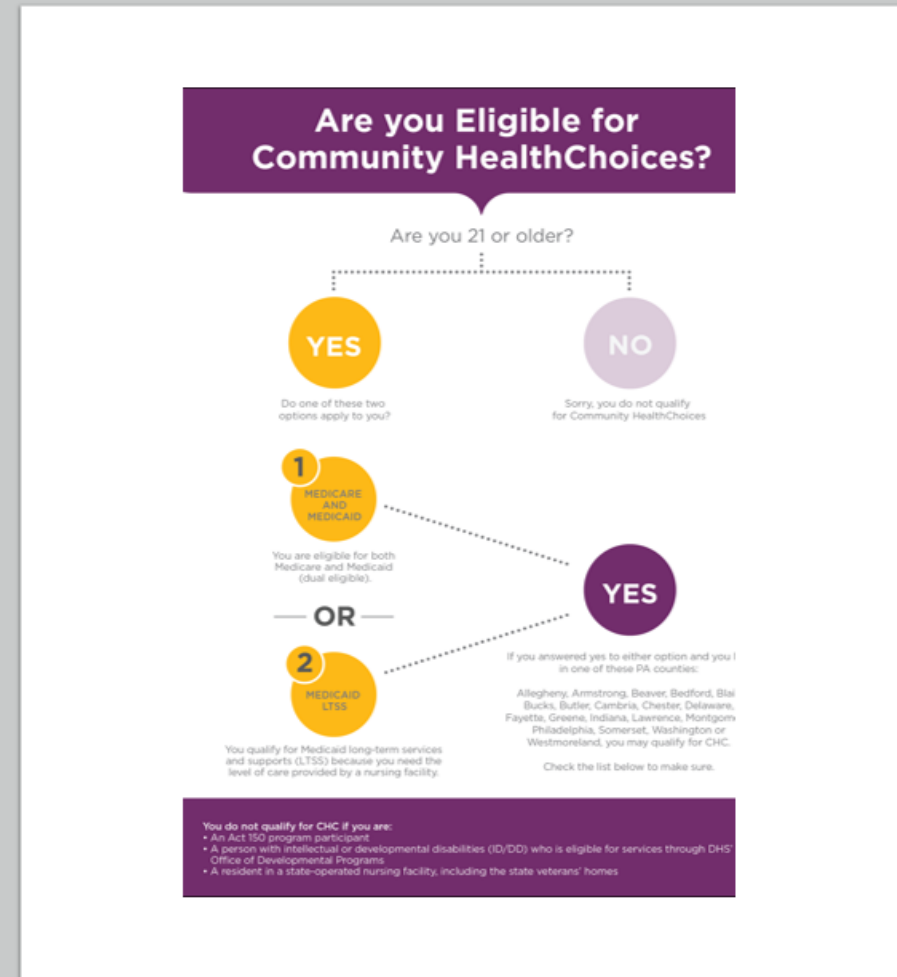
Joan holds a doctorate in public health with a focus on behavioral and community health sciences from the University of Pittsburgh and masters degrees in public health and public administration. Outside of work, Joan serves as Board President of HEARTH, a transitional housing program for women and children who are survivors of domestic violence, and sits on the Board of the Pittsburgh Child Guidance Foundation.

- 1. Overview of UPMC Community Health Choices and Benefits Data Trust**
- 2. Our Research Design**
- 3. Impact of COVID-19 on our study**
- 4. Implications for this work**
- 5. Q&A**

Eligibility Criteria

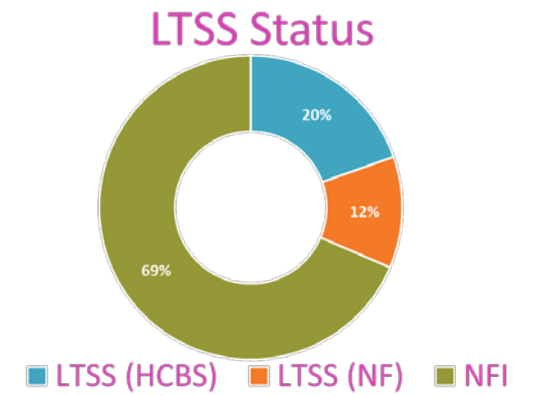
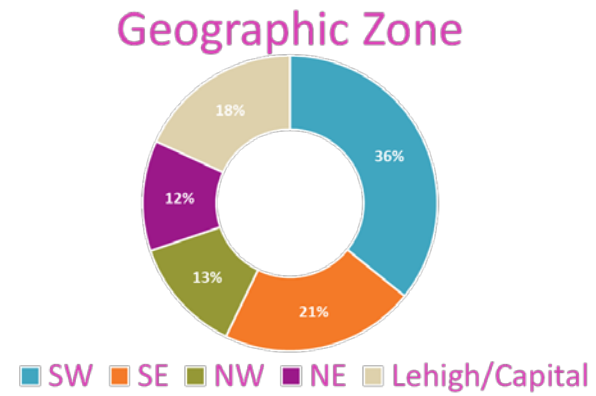
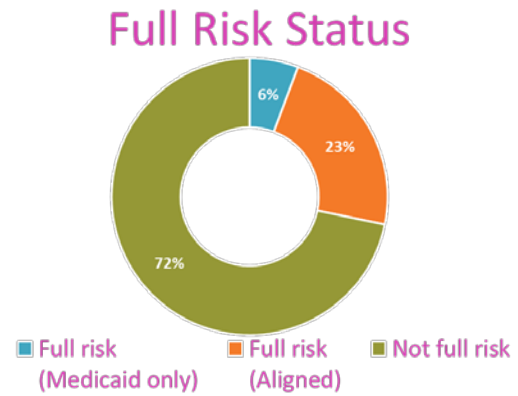
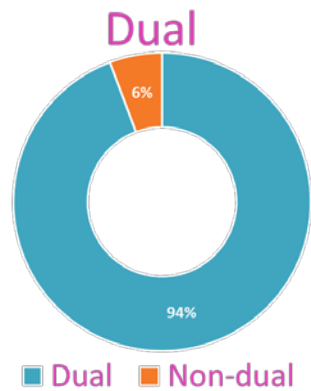
Community HealthChoices uses managed care organizations to coordinate physical health care and long-term services and supports (LTSS) for:

- older persons;
- persons with physical disabilities;
- Pennsylvanians who are dually eligible for Medicare and Medicaid.

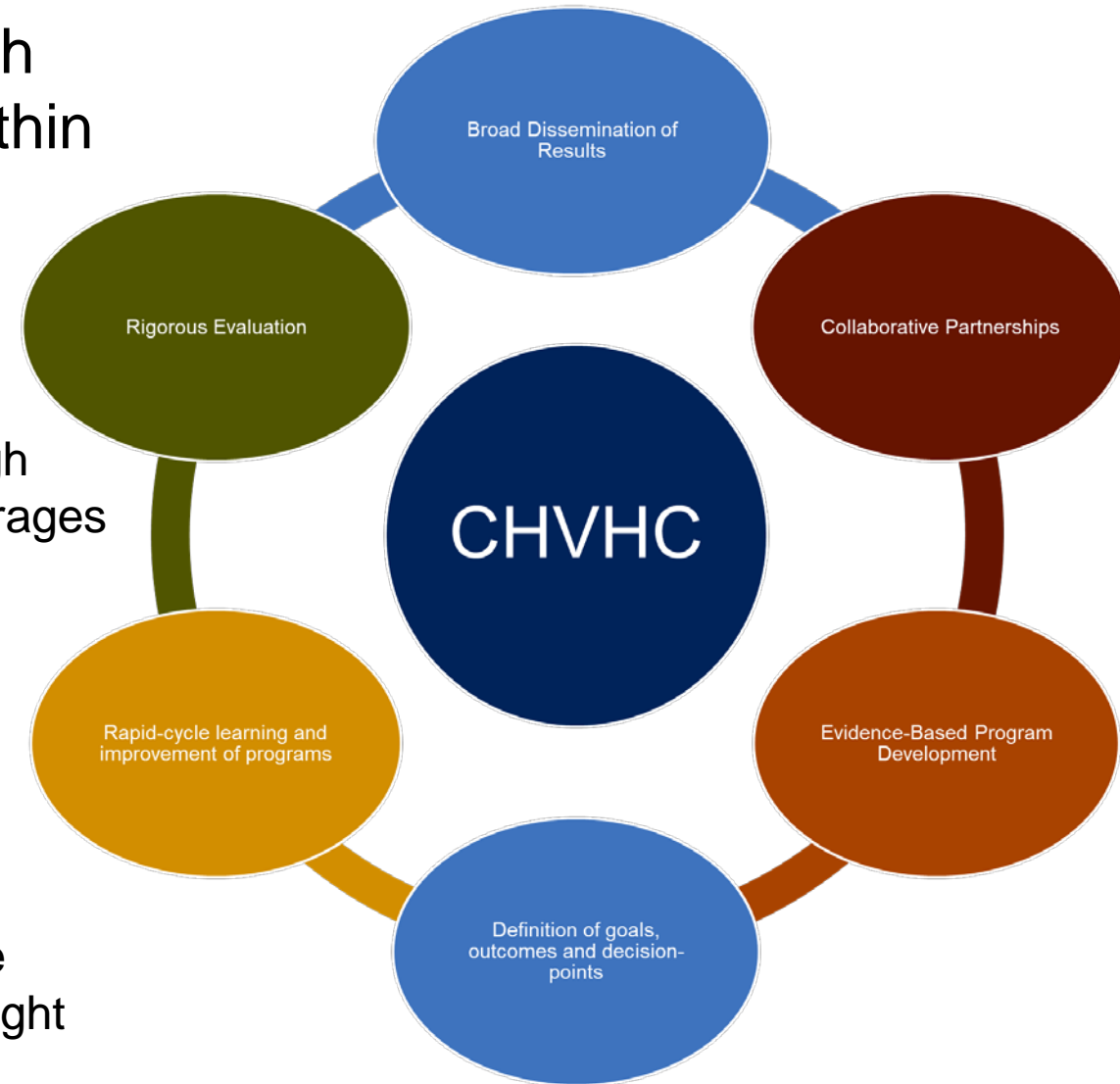




Membership Breakdown as of September 2020



- Established in 2011 as a nonprofit research organization, owned by UPMC, housed within the UPMC ISD
- Goals:
 - Enhance visibility and promote innovation through **externally-funded research** that supports/ leverages ongoing work across the ISD
 - Support **innovation and growth** through a collaborative rapid cycle evaluation and learning process
 - Broadly **disseminate findings** through an active agenda of publication and presentations to spotlight UPMC's unique IDFS value proposition



Benefits Data Trust (BDT) helps people live healthier, more independent lives by breaking down barriers to public benefits access.

Data-Driven Outreach



Leverage government, healthcare and CBO data to identify and engage highly eligible individuals



Multi-Channel



Conduct proactive outreach across channels to maximize access points and meet people where they are



Person-Centered



Deliver high-quality, personalized, dignified application assistance at scale



Outcomes-Driven



Track enrollment outcomes to focus on highest impact interventions



UPMC Community
HealthChoices



In 2018, BDT and UPMC formalized a partnership to:

- Identify UPMC's CHC members who were eligible for but not receiving SNAP (the Supplemental Nutrition Assistance Program) by matching UPMC member lists with state lists;
- Conduct targeted outreach to these members via mail, directing them to BDT's contact center; and
- Provide comprehensive application assistance to members, including document assistance, follow up, and completion of the application on behalf of the eligible UPMC member.

Helping people access public benefits is proven to improve health and reduce costs

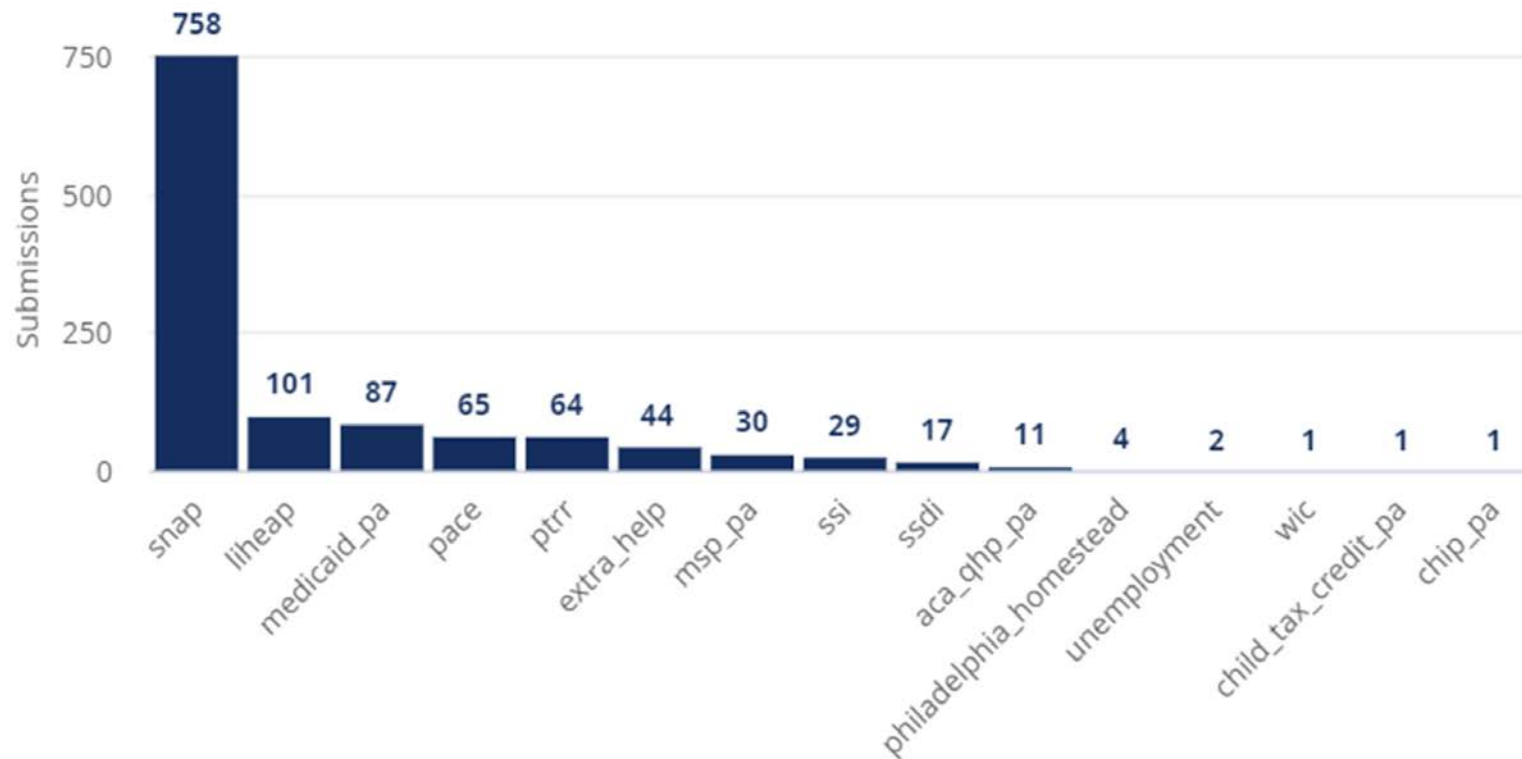


Participation in **SNAP**:

- ✓ Reduces the likelihood of hospitalization by **14%** and nursing home utilization by **23%**, saving over **\$2,100/year** in healthcare costs (per each low-income older adult enrolled)
- ✓ Is associated with **reduced pregnancy-related ER visits**
- ✓ Results in a **lower probability of ER visits** for high blood pressure
- ✓ **Decreases medication nonadherence** by 9% among older adults
- ✓ Can save over **\$1,400/year** in healthcare costs (per each low-income adult enrolled)

1. Samuel, Szanton, Cahill, Wolff, Ong, Zielinskie "Does the Supplemental Nutrition Assistance Program Affect Hospital Utilization Among Older Adults? The Case of Maryland." *Population Health Management*, 2018.
2. Arteaga, Heflin, Hodges, "SNAP Benefits and Pregnancy-Related ER Visits." *Population Research and Policy Review*, 2018.
3. Ojiinnaka, Heflin, "SNAP size and timing and hypertension-related emergency department claims among Medicaid enrollees." *Journal of the American Society of Hypertension*, 2018.
4. Srinivasan, Pooler, "Cost-Related Medication Nonadherence for Older Adults Participating in SNAP, 2013-2015." *American Journal of Public Health*, December 2017.
5. Berkowitz, Seligman, Basu, "Impact of Food Insecurity and SNAP Participation on Healthcare Utilization and Expenditures Among Low-Income Adults." *Population Health Management*, 2017.

Intervention impact thus far



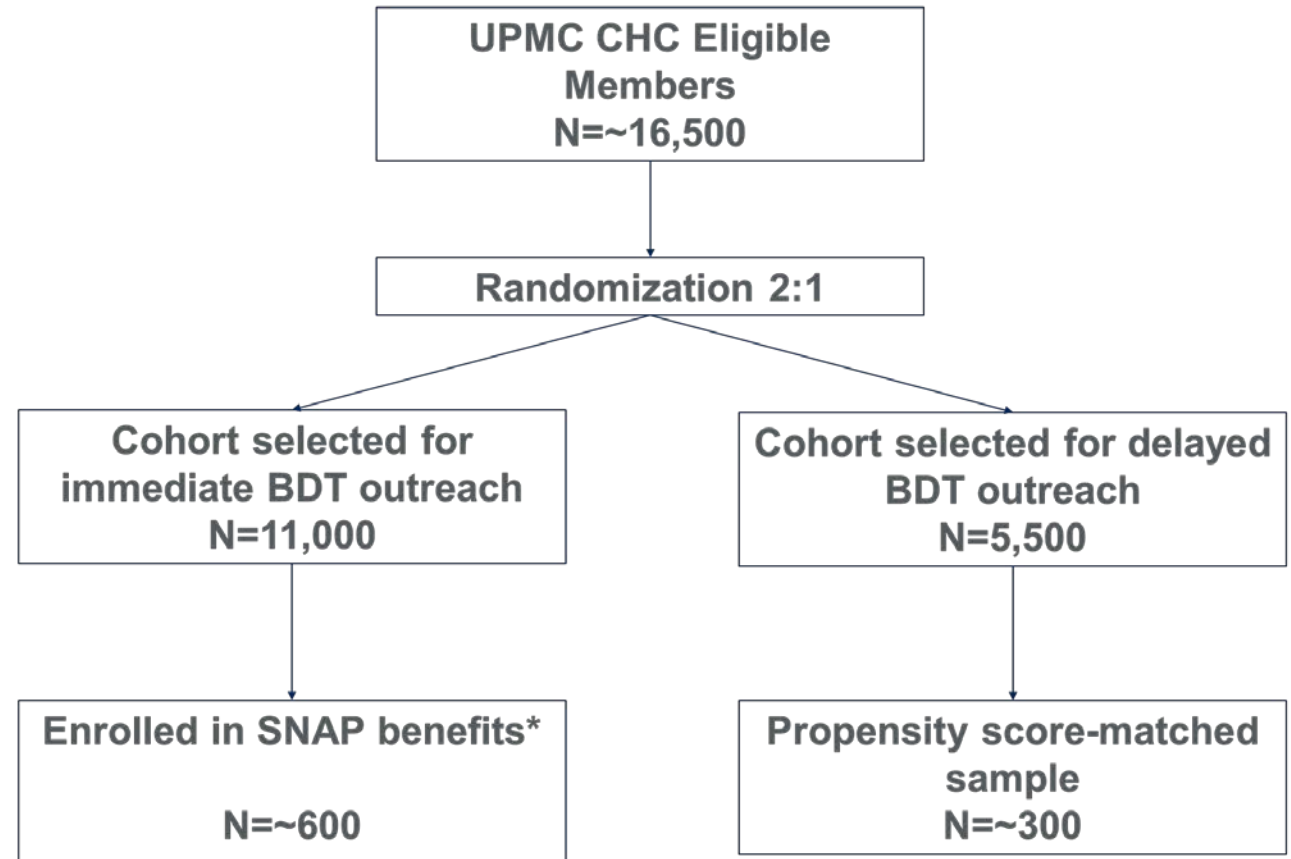
BDT submits full benefit applications on behalf of the client for:

- SNAP (nutrition assistance)
- LIHEAP (energy assistance)
- PTRR (property tax & rent rebate)
- PACE (senior prescription assistance)
- Other medical assistance (Medicaid apps for others in the household, LIS)

BDT helps with referrals for all other benefits listed such as SSI (Supplemental Security Income), WIC(nutrition assistance for women, infants and children), Unemployment Compensation, etc.

- Quasi-experimental wait list design
 - Capitalizing on workload realities
 - Cohorts randomly selected for immediate vs. delayed outreach
- Primary independent variable: SNAP enrollment
- Primary dependent variable: Hospital utilization

Figure 1: Sampling Method

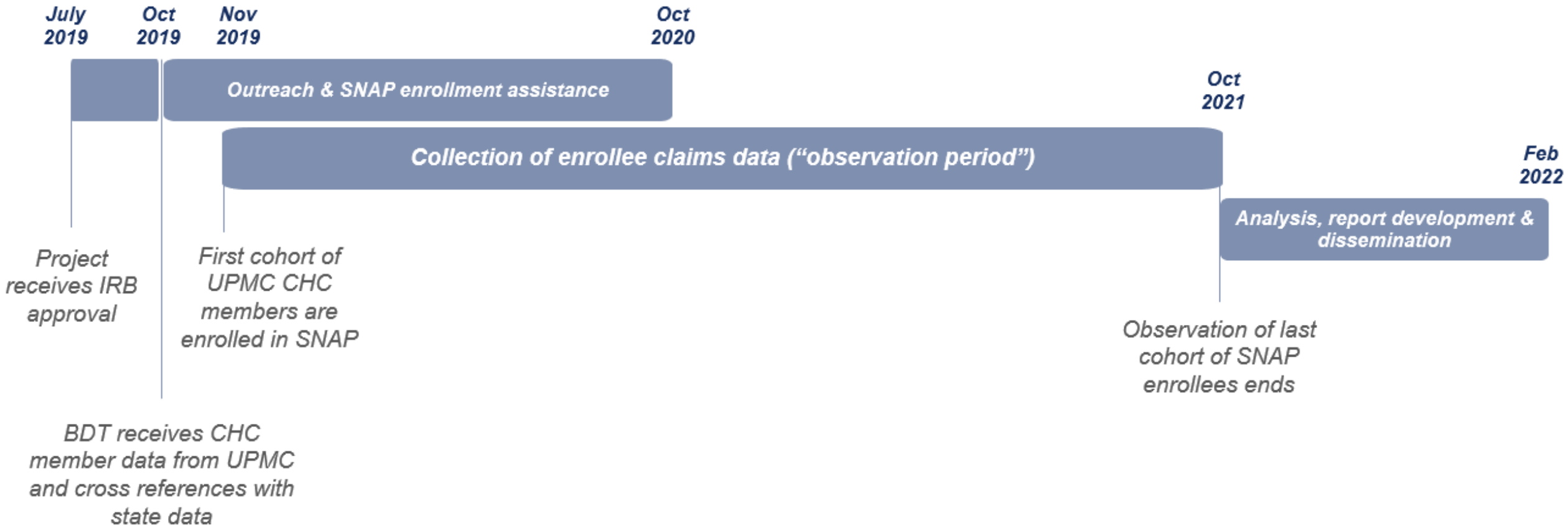


* Conservatively estimated at 12% enrollment

Primary independent variable: SNAP enrollment

Outcome Type	Outcome	Definition
Quality	Medication Adherence for Oral Diabetes, Hypertension, or Cholesterol Medications	Proportion of days covered
	HbA1c Screening	The percentage of members with Type I/II diabetes who received one or more HbA1c screenings
	HbA1c Good Control (<=9%)	The percentage of members screened whose most recent HbA1c level <= 9.0%
Utilization	Hospital utilization	Rate of hospital admission over 12-month period
	ED visits	Rate of emergency department visits over 12-month period
	Total cost of care (per member, per month)	Medical + Pharmacy
	Long-term nursing home admission	At least one night stay in a long-term nursing home

Project Timeline - Revised



Impact of COVID-19 on our study

- To address the COVID-19 pandemic, the federal government authorized temporary changes to the SNAP via the Families First Coronavirus Response Act (FFCRA).
- The FFCRA provided USDA with authority to let states temporarily modify procedures to make it easier for families to continue participating in or to apply for SNAP. It temporarily suspended, nationwide, SNAP's three-month time limit on benefits for unemployed adults under age 50 without children in their home
- Some of the options states have adopted include:
 - Increased SNAP benefits for households not yet receiving the maximum benefit allowable under federal law
 - Expedited online purchasing pilots
 - Extended certification periods and adjusted reporting requirements
 - Waived other requirements, such as the application interview

Eligible Population Changes

1. Phase 3 expansion of CHC to the “T” (Northeast, Northwest, Lehigh/Capital)
2. No typical disenrollment/terming of benefits due to COVID

Healthcare Utilization Changes

1. Avoidance of medical care
2. Increase in telemedicine use

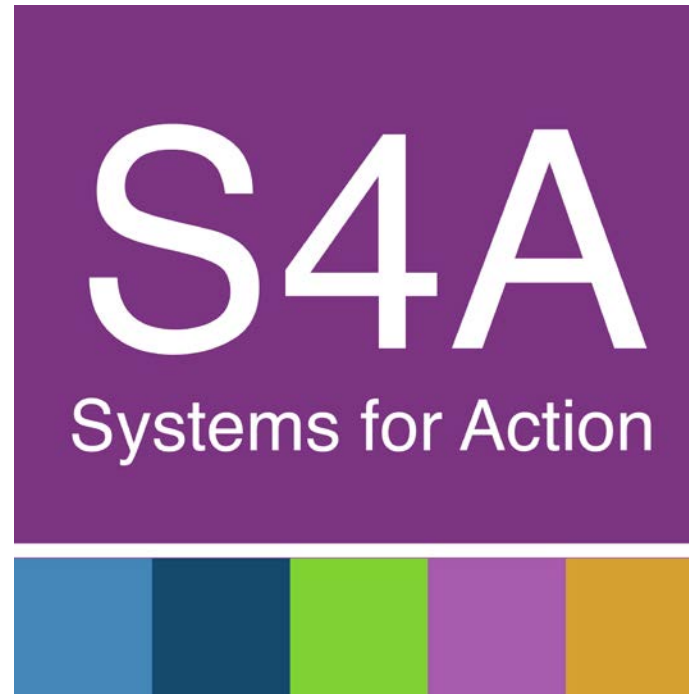
Medicaid Policy Changes (examples)

1. Extended redetermination periods
2. Revised/loosened documentation and eligibility requirements
3. Adjusted existing benefits and preferred drug lists
4. Temporarily modify processes for level of care evaluations or re-evaluations

- Recognizing that up to 80% of health outcomes are linked to what happens outside of the traditional health care space, payers and health care systems are eager to address social needs
 - UPMC Center for Social Impact launched in 2019
- The social intervention literature needs more robust study designs with replicable and generalizable findings
 - Growing body of research on food interventions in health care settings that looks at health outcomes, health care utilization, and food security
- Data interoperability challenges and privacy concerns can hinder innovative work in the health/social needs space, but it is possible and mutually-beneficial
 - Data sharing use case: UPMC and Allegheny County Dept. of Human Services

Joan Eichner, DrPH
UPMC Center for Social Impact

Questions?



www.systemsforaction.org

 [@Systems4Action](https://twitter.com/Systems4Action)

If you would like to receive a **certificate of completion** for today's ResProg webinar, please complete the survey at the end of the session.

One will be emailed to you.

October 28th | 12pm ET

Closing the Gaps in Health and Social Services for Low-Income Pregnant Women

Irene Vidyanti, PhD and William Nicholas, PhD | Los Angeles County Department of Public Health

November 11th | 12pm ET

Can Subsidized Transportation Options Slow Diabetes Progression?

Fei Li, PhD and Christopher Kajetan Wyczalkowski, PhD | Georgia State University

Acknowledgements

Systems for Action is a National Program Office of the Robert Wood Johnson Foundation and a collaborative effort of the Colorado School of Public Health, administered by the University of Colorado Anschutz Medical Campus, Aurora, CO.



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