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

Connecting Vulnerable Seniors to Nutrition Assistance Through a Managed Care Plan

Research In Progress Webinar
October 23rd, 2019
12:00-1:00 pm ET/9:00-10:00am PT

colorado school of public health

Agenda

Welcome: Chris Lyttle

Presenters: Ashley Hummieny, Suzanne Kinsky, MPH, PhD, Clement Gyan

Commentary: Rachel Cahill, MPA

Q&A: Moderated by Chris Lyttle

Presenter

Clement “Clem” Gyan leads the strategy team to stand up Pennsylvania’s new Managed Care Services through innovative services and community partnerships with the goal of aging participants in their communities. As the Project Manager for Strategy, Clem oversees many initiatives including employment, direct care workforce, adult day services and the conversion of high-risk nursing facility ineligible (NFI) participants to nursing facility clinically eligible (NFCE) status. Previously, Clem was the Director of Multicultural Health Initiative (MCI) at the American Heart Association in Philadelphia. While there, he oversaw efforts to engage and educate high-risk communities on critical health issues such as hypertension, nutrition, obesity, and other social determinants of health. Clem’s goal as the MCI Director was to decrease cardiovascular disease-caused deaths (CVD) by 20% and increase cardiovascular health by 20% by the year 2020. While at the American Heart Association, Clem helped build strategic sponsorships, volunteer, and community partnerships with local businesses to achieve this aim.

Presenter

Ashley Humienny, Benefits Data Trust's Healthcare Innovation Lead, is responsible for driving BDT's healthcare strategy and managing new and current partnerships. Ashley has worked in the healthcare sector for over ten years, specializing in healthcare technology, non-traditional care models, and market development strategies. Her passion for the intersection of healthcare technology and social impact was heavily influenced by her first role at BDT as its Strategic Initiatives Coordinator. She left BDT to pursue an MBA, going on to lead Cardinal Health's payer strategy development as a Senior Consultant. Immediately prior to rejoining BDT, she held lead roles in client management and business development at Candescent Health, a radiology technology start-up acquired by Envision Health. Ashley earned her BA from the University of Pennsylvania and her MBA from Duke University's Fuqua School of Business.

Presenter

Dr. Suzanne Kinsky, 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.

Presenter

Rachel Cahill, MPA is a nationally recognized expert in public benefits enrollment, specializing in the Supplemental Nutrition Assistance Program (SNAP). Rachel has been a key collaborator on multiple high-impact research studies investigating the impact of public benefits on health outcomes among both the elderly and young children. Rachel currently provides technical assistance to non-profit organizations and government agencies that administer public benefits programs to streamline business processes and improve customer outcomes. She is a past Director of Policy at Benefits Data Trust, and prior to this work she was a Policy Analyst at Drexel University's Center for Hunger-Free Communities. She possesses a Bachelor's Degree from the University of Notre Dame and a Master's in Public Administration from the University of Pennsylvania.

What we'll talk about today

I. What is UPMC Community HealthChoices?

II. The impact of food assistance on health outcomes & cost

III. Our research

IV. Implications

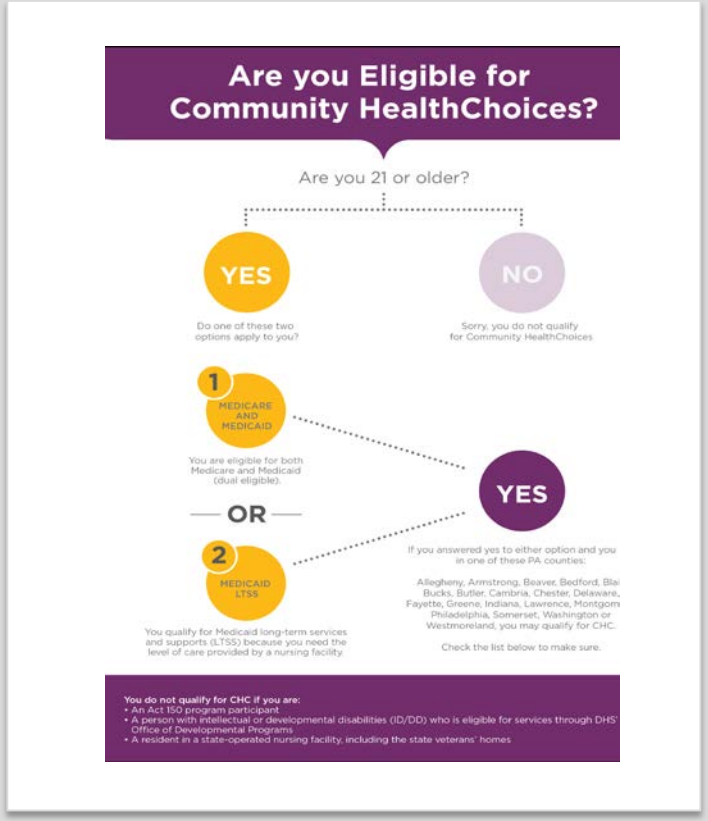
Community HealthChoices

- **95% of Pennsylvanians say they would rather age in their home or community than in a nursing facility, but only 41% of the waiver-eligible population currently does so**

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.



UPMC Community HealthChoices

Income Requirement for Pa Medical Assistance

- Adults age 19-64 with incomes at or below 133% of the Federal Income Poverty Guidelines (FPIG) (Identified for Medical Assistance purposes as MAGI-related)
- Individuals who are aged (age 65 and older), blind and disabled. (Identified for Medical Assistance purposes as SSI-related)

GA or SSI-Related
One Person = $2,400
Two People = $3,200
Each Additional Person = $300

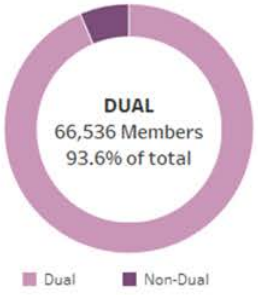
UPMC Community HealthChoices

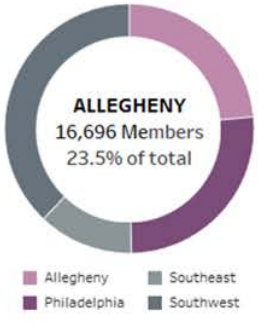
UPMC LIFE CHANGING MEDICINE

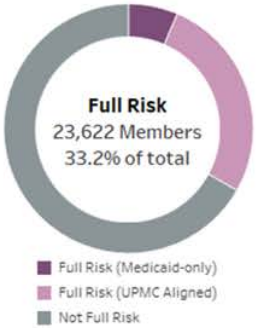
CHC Zones

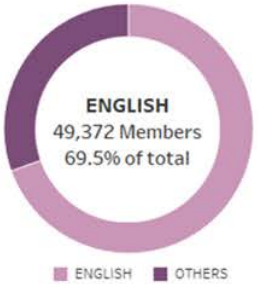
UPMC Community HealthChoices

Membership Breakdown



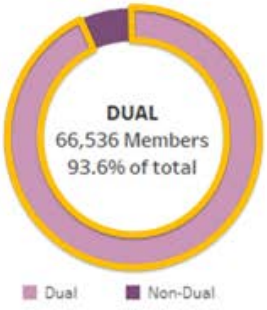


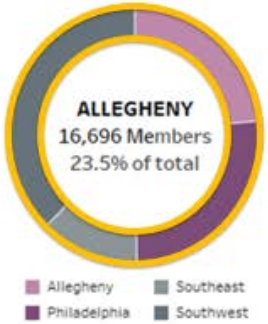


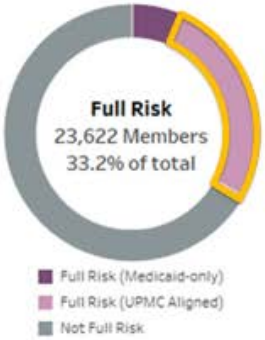


UPMC Community HealthChoices

Membership Breakdown







UPMC Community HealthChoices

CHC Goals

Rebalancing the long term care system

- Provide services in the least restrictive setting
- Keep Pennsylvanians aging in place
- Transition those who are able out of nursing facilities and back into the community

Improve Coordination across Medicare, MA, and LTSS

- Care for duals (especially those receiving LTSS) is highly fragmented
- All CHC-MCOs will be required to have an aligned D-SNP in the zones in which they operate
- Work to identify CHC participants eligible for:
  - SNAP
  - LIHEAP
  - PTRR

UPMC Community HealthChoices

UPMC LIFE CHANGING MEDICINE

Care for duals: treating the whole person

Increasing access to public benefit programs is proven to improve health and reduce care costs – especially for dual eligible beneficiaries.

Participation in **the Supplemental Nutrition Assistance Program, or SNAP:**

- ✓ Reduces the likelihood of hospitalization by **14%** and nursing home utilization by **23%**, saving over **$1,800/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)

Works cited in Appendix

But there are tremendous gaps in access

7 million individuals are eligible but not enrolled in SNAP

58% of eligible seniors are not enrolled in SNAP

30% of the working poor are eligible but not enrolled in SNAP

45% of eligible families are not enrolled in Women, Infants & Children (WIC)

Benefits Data Trust: What we do

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

Data-Driven Outreach

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

Multi-Channel

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

Person-Centered

Deliver high-quality, personalized, dignified application assis tance at scale

Outcomes-Driven

Track enrollment outcomes to focus on highest impact interventions

BDT's National Impact

S4A
Systems for Action

Since 2005

$7 billion+ benefits delivered

850K+ applications submitted

2018 Year

150k+ inbound calls

83K+ applications submitted

65K+ benefit enrollments

42K+ referrals to CBOs and community partners

$3,279 benefits/household

BDT's legacy of research

2017: BDT, Johns Hopkins School of Nursing, and the Maryland Department of Human Services published a peer-reviewed study looking at how SNAP enrollment impacted 54,000 dual eligible seniors' care utilization and costs. **Findings: SNAP participation reduced the likelihood of nursing home admission by 23% and hospitalization by 14% in the year after enrollment; further analysis showed ~$2,000 in annual per member savings**

2019: BDT and MIT Abdul Latif Jameel Poverty Action Lab (J-PAL) conducted an RCT with 30,000 Medicaid recipients in Pennsylvania on how various levels of SNAP outreach & application assistance affected enrollment. **It found that BDT's work tripled SNAP enrollment and generated an estimated $20 in food benefits for every $1 spend on outreach and assistance**

Current

- ✓ Working with Dr. Seth Berkowitz at the UNC School of Medicine to analyze the impact of BDT's SNAP enrollment assistance on North Carolina state Medicaid costs
- ✓ Studying impact of data matching & texting "nudge" strategies to improve access to Women, Infants, and Children (WIC) benefit with Center on Budget and Policy Priorities
- ✓ **Systems for Action: Partnering with UPMC Center for High-Value Health Care to understand cost and utilization impact of enrolling UPMC dual eligible members into SNAP**

Partnering with healthcare to address social needs

UPMC Community HealthChoices

BENEFITS DATA TRUST

In 2018, BDT and UPMC formalized a partnership to:

- Identify UPMC's CHC members who were eligible for but not receiving SNAP 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 UPMC member who is applying.

Making the case for healthcare's investment in benefits access

S4A
Systems for Action

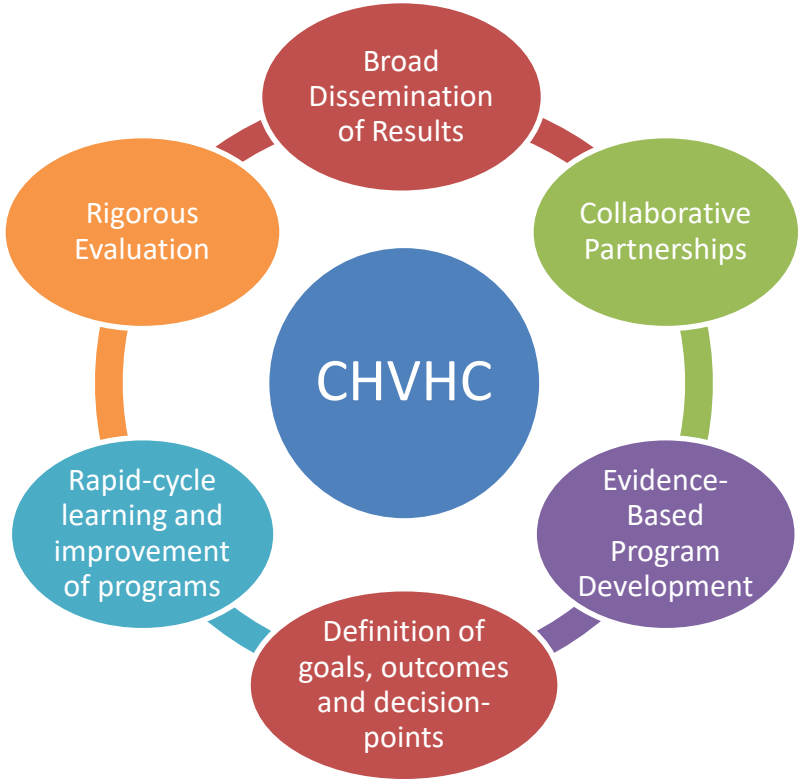
Why is this such a valuable intervention & research opportunity?

- ✓ The right partners taking care of clinical and social needs
- ✓ Harnessing the power of data sharing to work efficiently & at scale
- ✓ Systems aligning as they should

UPMC Center for High-Value Health Care

S4A
Systems for Action

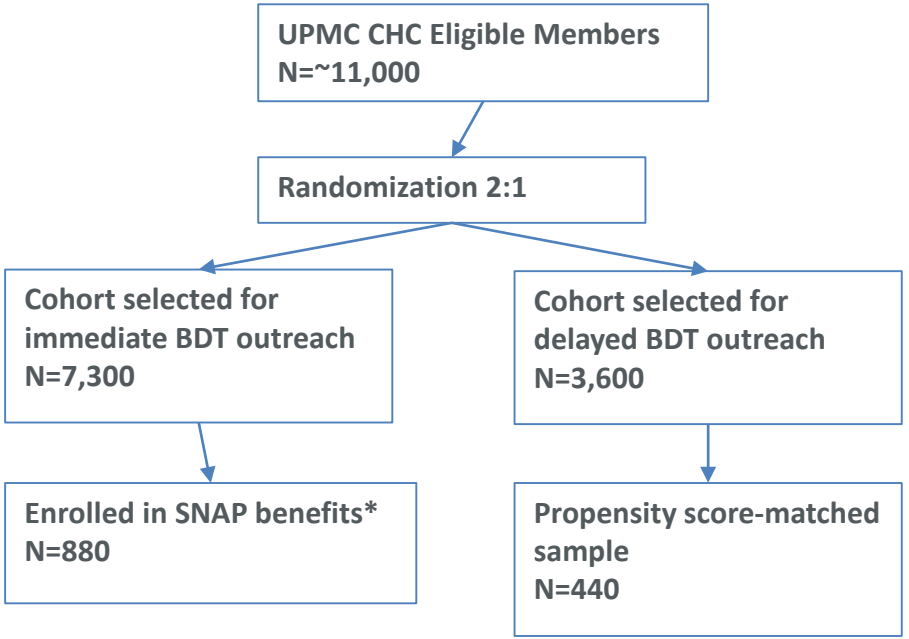
- Established in 2011 as a nonprofit research organization, owned by UPMC, housed within the UPMC ISD
- Goals:
  - Enhance visibility and promote innovation through **externally-funded research** that supports/ leverages ongoing work across the ISD
  - Support **innovation and growth** through a collaborative 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



Research Design

- Quasi-experimental wait list design
  - Capitalizing on workload realities
  - Cohorts randomly selected for immediate vs. delayed outreach

Figure 1: Sampling Method



* Conservatively estimated at 12% enrollment

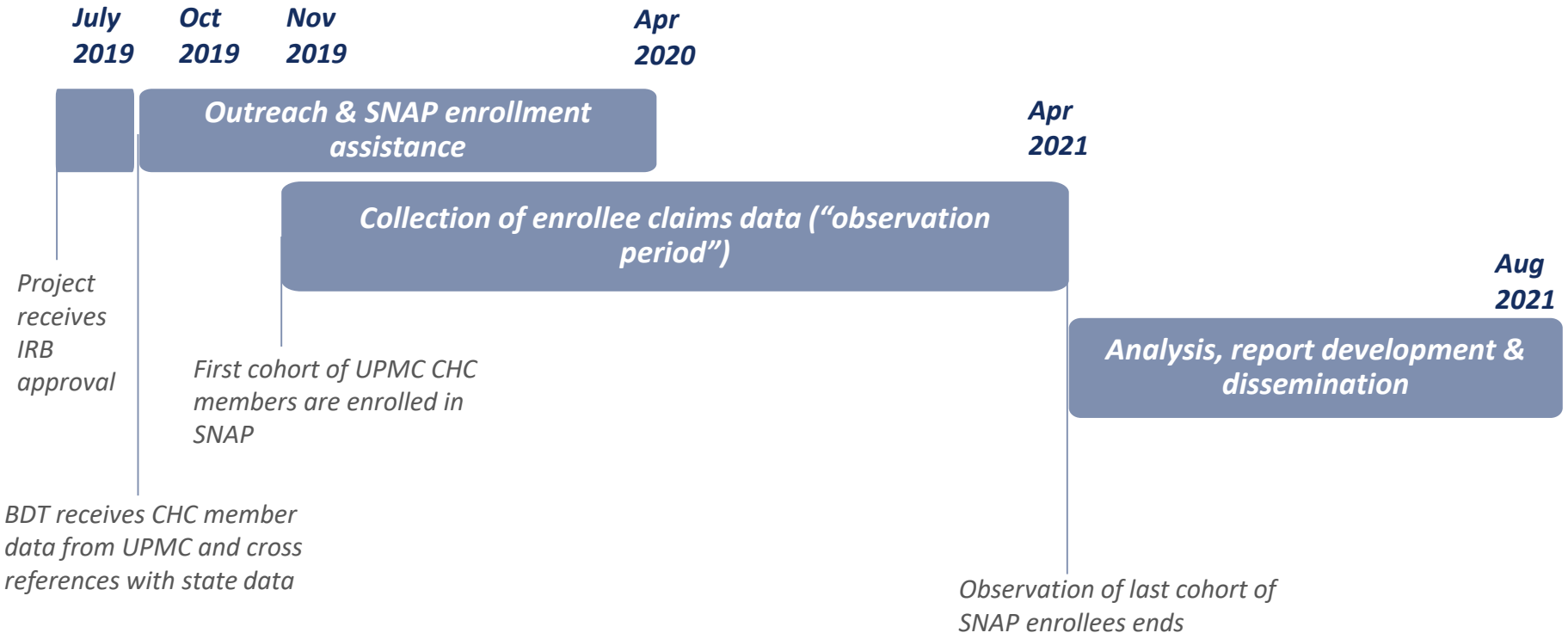
Analysis

- Difference-in-difference (DiD) analysis
  - Use propensity scores to select members from the immediate outreach cohort who enrolled in SNAP who are similar to the delayed outreach cohort
  - Propensity matching on age, sex, zip code, Charlson Comorbidity Index, CHC insurance details

- Primary independent variable: SNAP enrollment
- Primary dependent variable: Hospital utilization
- Secondary outcomes of interest:

Utilization	Quality
ED visits	Medication adherence
30-day readmissions	HbA1c screening
Total cost of care	HbA1c<9%
Long-term nursing home admission	

Project Timeline



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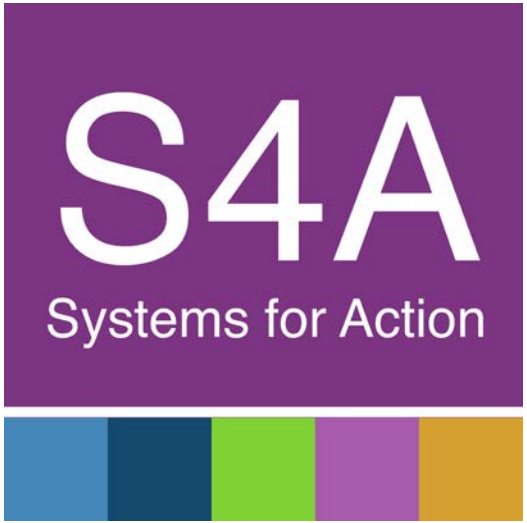
1. *Samuel, Szanton, Cahill, Wolff, Ong, Zielinskie "Does the Supplemental Nutrition Assistance Program Affect Hospital Utilization Among Older Adults? The Case of Maryland." Population Health Management, 2018.*
2. *Arteaga, Heflin, Hodges, "SNAP Benefits and Pregnancy-Related ER Visits." Population 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.*

Questions?



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Upcoming Webinars

November 6th,2019 12 p.m., ET

Systems for Action Individual Research Project

Can Subsidized Transportation Options Slow Diabetes Progression?

Fei Li, PhD, Assistant Professor, Georgia State University Research Foundation and Christopher Kajeian

November 20th,2019 12 p.m., ET

Systems for Action Individual Research Project

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

Irene Vidyanti, PhD, Data Scientist, County of Los Angeles Department of Public Health and William Nicholas, PhD, Lecturer, Health Policy and Management, UCLA Fielding School of Public Health

Acknowledgements

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