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

Integrating Health and Social Services through a Novel Independent Practice Association

Research In Progress Webinar
March 16th, 2022
12:00-1:00 pm ET/9:00-10:00 am PT

colorado school of public health

Agenda

Welcome: Carrington Lott, MPH, Program Manager at S4A

Presenters: Jonathan G. Shaw, MD, MS, and Todd Wagner, PhD from Stanford University School of Medicine and Elena Rosenbaum, MD from Healthy Alliance

Commentary: Kyla Schmidt, Moms Start Here

Q&A: Carrington Lott, MPH, Program Manager at S4A

Presenter

Jonathan is Associate Chair for Community Partnership in Stanford's Department of Medicine, a health services researcher, and a practicing family physician providing community-based primary care to patients of all ages. He practices at Ravenswood Family Health Center, a Federally Qualified Health Center (FQHC) serving the primarily immigrant communities of East Palo Alto. His research home is Stanford's Evaluation Sciences Unit, a multidisciplinary team focused on implementation science.

Jonathan G. Shaw, MD MS
Clinical Assoc Professor
Stanford University

Presenter

Todd is a health economist and Professor in the Stanford School of Medicine. He has a joint appointment as Director of the Health Economics Resource Center at the Palo Alto VA. He has more than 20 years of experience conducting economic analysis. In 2011, he co-led an analysis to understand why VA hospitals were divesting from substance use treatment, even though there was strong evidence that such treatment was cost-effective.

Todd Wagner, PhD
Professor, Dept of Surgery
Stanford University

Stanford MEDICINE | S-SPIRE
Stanford-Surgery Policy Improvement Research & Education Center

Presenter

Elena is the Medical Director at Healthy Alliance IPA, an upstate NY organization focused on coordinating social, behavioral, and clinical services to enable people to lead healthy lives and reduce health disparities. Elena is also a practicing family physician and an Associate Professor at the Department of Family Medicine and Community Medicine at Albany Medical College.

Elena Rosenbaum, MD
Medical Director
Healthy Alliance

Commentator

Kyla Schmidt
Founder and Executive Director
Mom Starts Here

Mom Starts Here is a nonprofit organization serving mothers and parents in need in Upstate New York. Kyla is driven by a desire to see positive life change for under-resourced parents, by coming alongside them and providing much-needed support as they pursue their goals. She believes that there is spectacular power in parenting and that the parents of today's generation deserve healing and support as they raise the generation to come.

Outline

1. Define wrong pockets problem
2. Possible solutions to the wrong pockets problem
3. Organizational Innovation as solution: Healthy Alliance
4. Our study goals

Focus

- We were funded to study an innovation solution to the “Wrong Pockets” phenomena
- This occurs when one organization won’t fund a program that is socially beneficial because the returns come to another organization

An Example of Wrong Pockets

- Over the past two decades, increasing evidence that substance use treatment was cost effective
- Paradoxically, at the same time, there was a large contraction in substance use treatment programs in the US
- Explanation:
  - Substance use treatment is cost-effective because it leads to savings in criminal justice.[1]
  - But investments in substance use treatment don't "pay for themselves" and are easy to cut when viewed from the health care system's perspective.[2]

1. Ettner SL, et al. Benefit-cost in the California treatment outcome project: does substance abuse treatment "pay for itself"? Health Serv Res 2006;41(1):192-213.
2. Humphreys K, Wagner TH, Gage M. If substance use disorder treatment more than offsets its costs, why don't more medical centers want to provide it? A budget impact analysis in the Veterans Health Administration. J Subst Abuse Treat 2011;41(3):243-51.

Is there a solution?

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- Butler[1] sees several needs:

1. **Expand and refine the research** demonstrating the relationship between social investments and improved health outcomes

2. **Break down silos** between government agencies and their budgets

3. **Test new organizational models** that would mitigate the problem

JAMA Forum 2018

How "Wrong Pockets" Hurt Health

Stuart Butler, PhD

Article Information

Every month about 30 researchers, policy makers, and practitioners from 4 different sectors —health, education, housing, and social services—meet at the Brookings Institution in Washington, DC. We discuss policy reforms that would boost collaboration between sectors to improve the health of households and communities. We are especially interested in "social determinants"—nonmedical social factors affecting health.

Research on Social Investments

- **Social factors are more important than genetics or medical care for determining health**

DISPARITIES & POLICY

Health Affairs 2002

The Case For More Active Policy Attention To Health Promotion

by J. Michael McGinnis, Pamela Williams-Russo, and James R. Knickman

Social, behavioral, and environmental factors may account for as much as 60% of avoidable death

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

201

TECHNICAL REPORT

The Lifelong Effects of Early Childhood Adversity and Toxic Stress

Jack P. Shonkoff, MD, Andrew S. Garner, MD, PhD, and THE COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, COMMITTEE ON EARLY CHILDHOOD, ADOPTION, AND DEPENDENT CARE, AND SECTION ON DEVELOPMENTAL AND BEHAVIO EDIATRICS

lt diseases should be viewed as developmental t begin early in life and that persistent health ities associated with poverty, discrimination, or maltreatment could be reduced by the alleviation of toxic stress in childhood

Disconnect between evidence and policy

Determinants of Health

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- Across a range of disciplines (medicine, public health, economics, sociology, social work), there is a robust literature showing associations between access to social services and health

- Social Determinants of Health (SDoH) used to refer to these non-Medical drivers of health
  - Food security
  - Transportation
  - Educational access
  - Social inclusion and non-discrimination
  - Structural racism

- CDC defines SDoH as “Conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes”

Another Option: Break Down Silos

- Butler also suggested that we should work to break down silos between government agencies and their budgets
- That might not work; it may backfire

JAMA Forum

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Why Don't We Invest in SDoH?

1. It is difficult for individual health care organizations to credibly estimate the full net benefit of their investments.

2. Health care organizations often doubt whether social services can be delivered efficiently
   - Lack of familiarity with and trust in the local social services ecosystem
   - Different culture

3. Health care organizations are worried about adverse selection and patient churn

Nichols LM, Taylor LA. Social determinants as public goods: a new approach to financing key investments in healthy communities. Health Affairs. 2018 Aug 1;37(8):1223-30.

Breaking down silos may not work

- Can we merge health care systems with social service organizations?
- Health care is more regulated and more expensive to operate than housing
- We probably don't want to finance housing through health care (too expensive).

SDoH Innovations

- An important question is the degree to which improved access to social services improves health outcomes that may save health care resources
- This could happen if it empowers better management of individual's health conditions (e.g., COPD/Asthma or diabetes), thus avoiding exacerbations requiring urgent or emergent intervention.
- What innovations are best to link social and health services is an ongoing problem needing more exploration and research.

Dunn JR, et al. Housing as a socio-economic determinant of health. *Canadian Journal of Public Health. 2006*
Gottlieb L et al. Activities and Influences at the Intersection of Medical and Social Services. JHCPU, 2017. *28*(3), 931–951.

NASEM. (2019). Integrating Social Care into the Delivery of Health Care. National Academies Press.
Wolitski RJ, et al. Randomized trial of the effects of housing assistance on the health …. *AIDS and Behavior*, 2010. *14*(3), 493–503

Wrong Pockets and Equity

- The wrong pockets problem is particularly important for persons who have complex needs and rely on social services and health care organizations

- States and counties are exploring new options to address SDoH, including Medicaid waivers

Photo Credit: Wildflower Schools

Local Innovation

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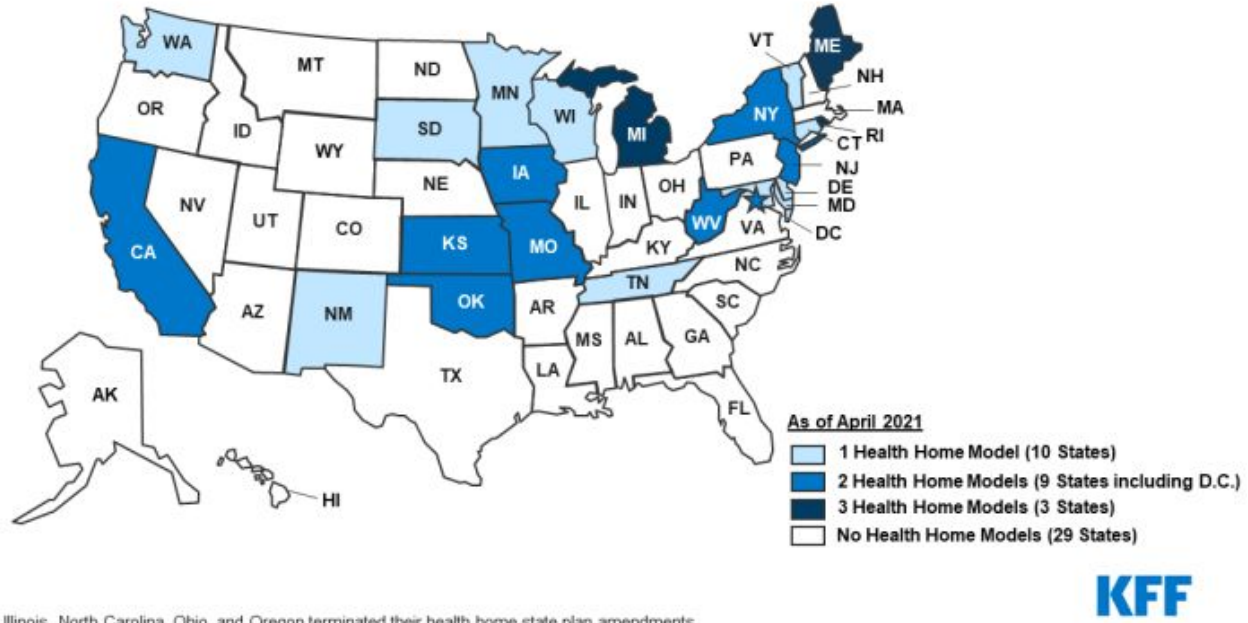
States Utilizing Medicaid Health Home Models, 2021



KFF

NOTE: Alabama, Illinois, North Carolina, Ohio, and Oregon terminated their health home state plan amendments.
SOURCE: Centers for Medicare & Medicaid Services, 2021.

Another Option: Organizational Innovations

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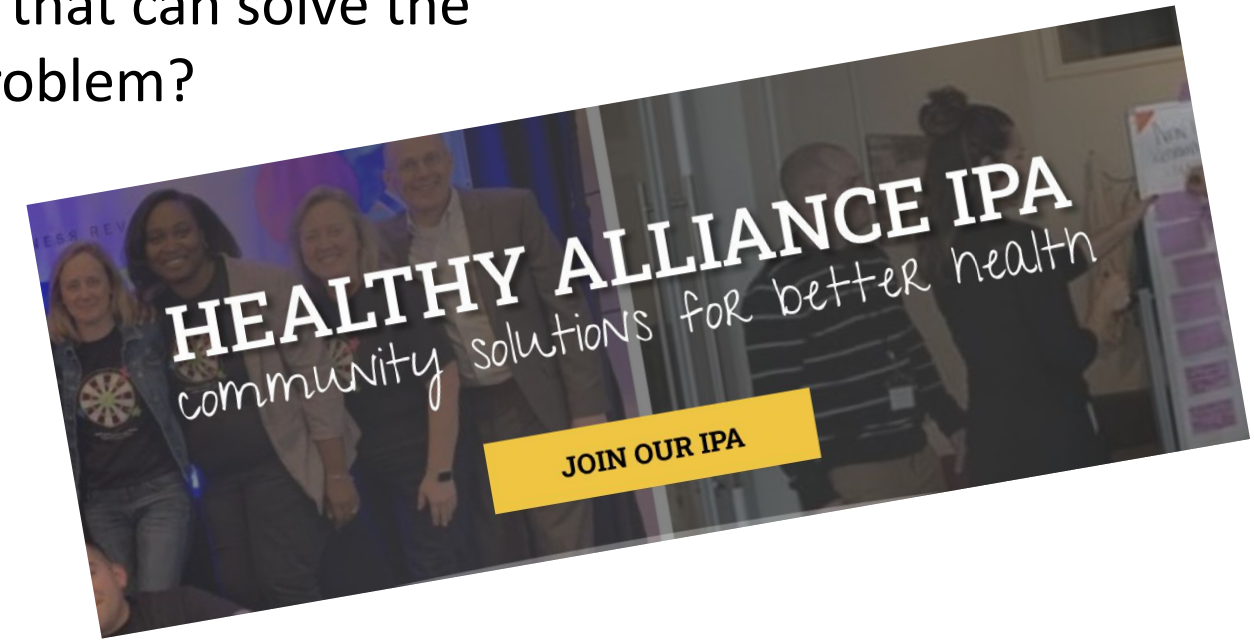
Can we test new organizational and financing models that can solve the wrong pockets problem?

For example:



Healthy Alliance

- Founded in 2018, Healthy Alliance's independent practice association (IPA) focuses on addressing social determinants of health.
- Currently serves Medicaid and uninsured clients in 22 counties in New York, representing a mix of urban/rural and historically underserved populations.
- Unites social care organizations, managed care organizations (MCOs), and medical systems.
  - Trusted local broker
  - Financially neutral

HEALTHY ALLIANCE IPA
COMMUNITY SOLUTIONS FOR BETTER HEALTH

The Foundation

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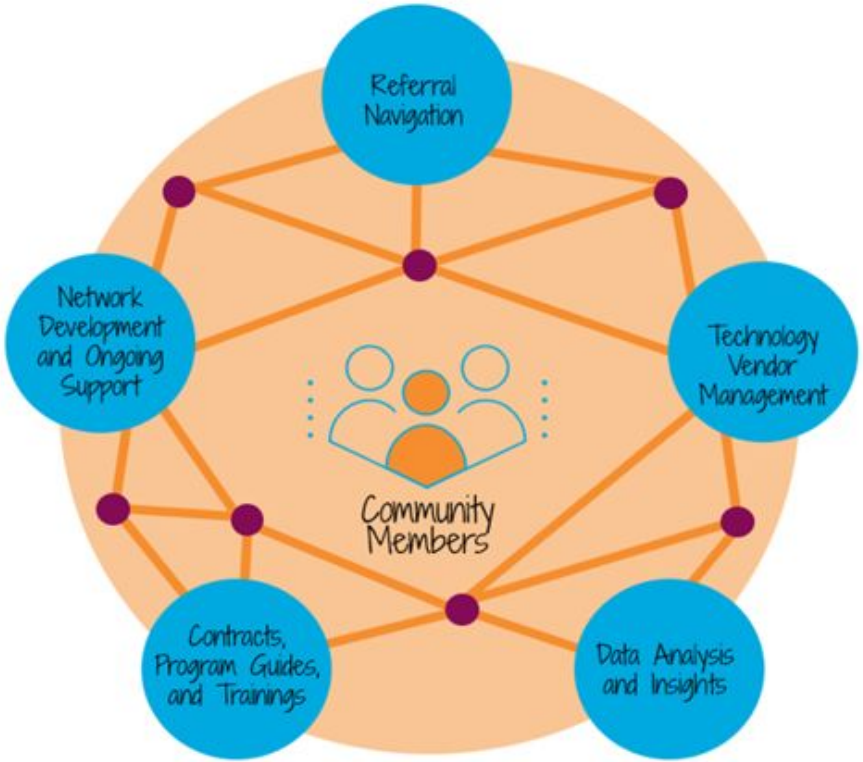

IPA Benefits

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Managed Care Organizations

- Recognize impact of SDoH on health and costs
- Track referrals that members receive
- Ensure members are getting quality services
- Helping SCO meet regulatory and performance requirements
- "One stop shop" for securing, developing and managing contracts
- Diverse array of services and social care providers rather than single service type contracts

Health care organizations

- Medical and behavioral health providers want to do the right thing for their members
- Recognize impact of SDoH on health and cost outcomes
- Social needs screening only worthwhile if there is an intervention available for identified unmet social needs
- From "sticky note" to closed loop referral platform, can ensure patients are receiving quality services

Social Care organizations

- Goal of sustainable funding
- Facilitates contracting requirements
- Data management, data analytics, privacy,
- Tracking platform helps demonstrate value of their services.

Managed Care Organizations

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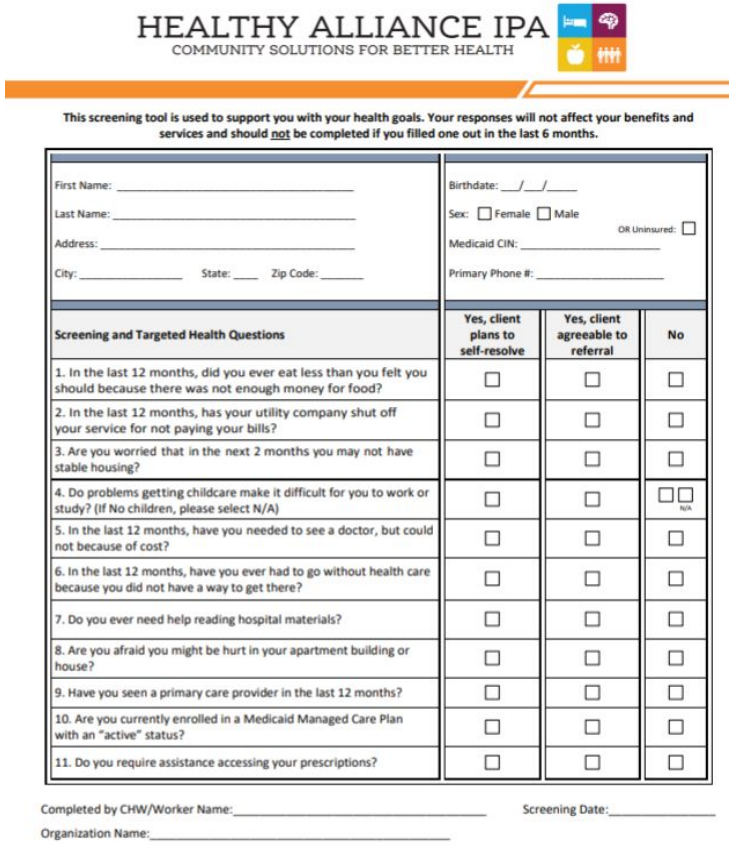
- Recognize impact of SDoH on health and costs
- Ability to track referrals that a member receives
- How to ensure that members are getting quality serves
- Helping SCO meet regulatory standards and performance metrics
- “One stop shop” for securing, developing and executing contracts
- Diverse array of services available rather than contracting directly with each SCO

Health Care Organizations

- Medical and behavioral health providers want to do the right thing for their patients
- Recognize impacts of SDoH on health and cost
- Social needs screening only worthwhile if there is a solution for umnet needs identified
- From “sticky note” referrals to closed-loop referral platform ensure that members are getting quality services



HEALTHY ALLIANCE IPA
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This screening tool is used to support you with your health goals. Your responses will not affect your benefits and services and should not be completed if you filled one out in the last 6 months.

First Name: _____ Birthdate: ___/___/____
Last Name: _____ Sex: ☐ Female ☐ Male
Address: _____ OR Uninsured: ☐
Medicaid CIN: _____
City: _____ State: ____ Zip Code: _____ Primary Phone #: _____

Screening and Targeted Health Questions	Yes, client plans to self-resolve	Yes, client agreeable to referral	No
1. In the last 12 months, did you ever eat less than you felt you should because there was not enough money for food?	☐	☐	☐
2. In the last 12 months, has your utility company shut off your service for not paying your bills?	☐	☐	☐
3. Are you worried that in the next 2 months you may not have stable housing?	☐	☐	☐
4. Do problems getting childcare make it difficult for you to work or study? (If No children, please select N/A)	☐	☐	☐ N/A
5. In the last 12 months, have you needed to see a doctor, but could not because of cost?	☐	☐	☐
6. In the last 12 months, have you ever had to go without health care because you did not have a way to get there?	☐	☐	☐
7. Do you ever need help reading hospital materials?	☐	☐	☐
8. Are you afraid you might be hurt in your apartment building or house?	☐	☐	☐
9. Have you seen a primary care provider in the last 12 months?	☐	☐	☐
10. Are you currently enrolled in a Medicaid Managed Care Plan with an “active” status?	☐	☐	☐
11. Do you require assistance accessing your prescriptions?	☐	☐	☐

Completed by CHW/Worker Name:_____ Screening Date:_____
Organization Name:_____

IPA Benefit for Social Care Providers

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UNITEUS.COM

Connects to other social care and health providers

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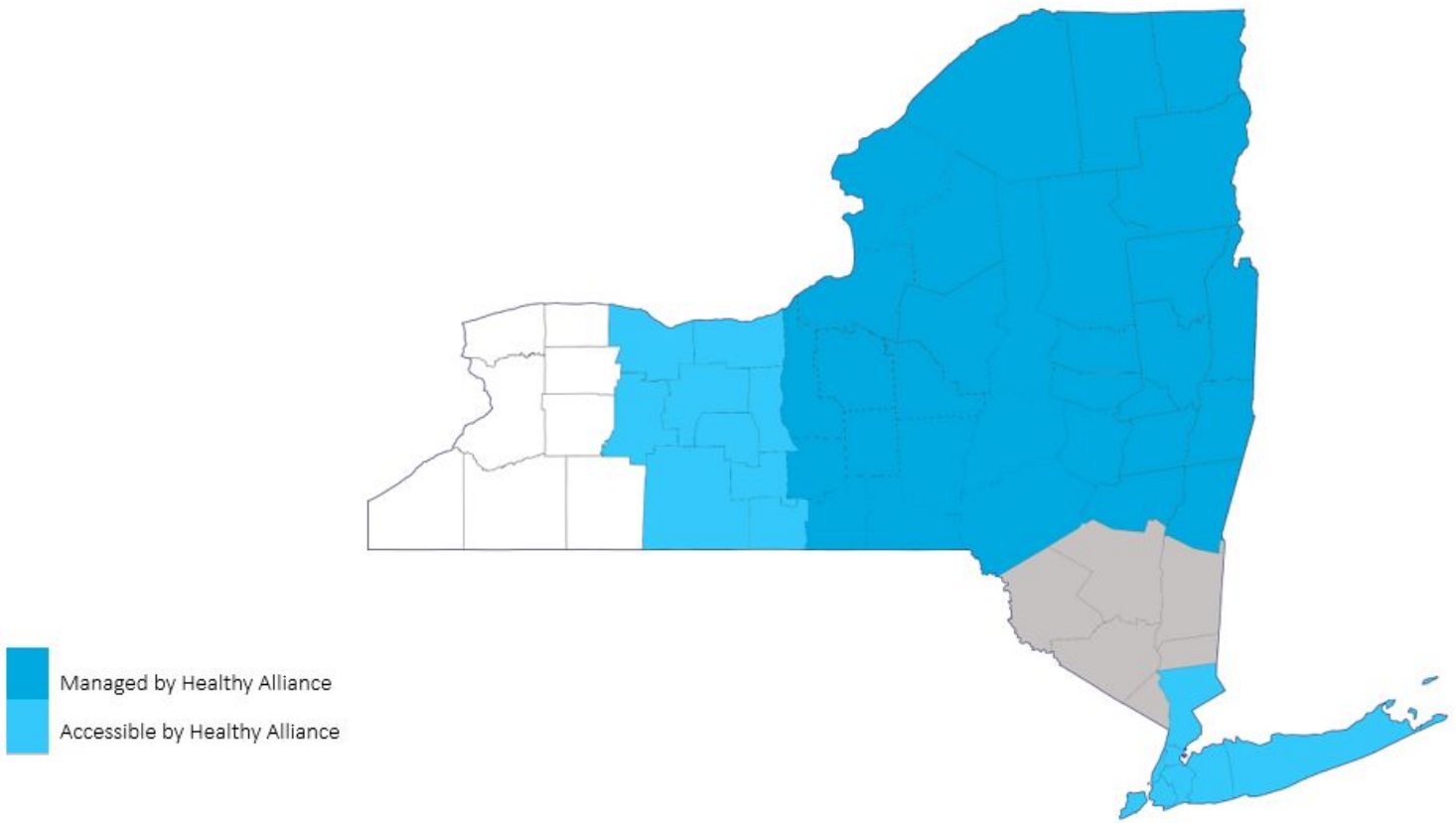
Supports data management, privacy, and performance measure for MCO contracts

Contract ***development*** and ***management*** for social care programs

Goal *of sustainable* funded programs to support social care programs

Provider Coverage



Network Overview

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520+

Organizations (medical/physical, behavioral, and social) actively managed by Healthy Alliance

22

Counties in NYS where the network is operational

Over 38K

Requests for connections since inception

~2,000 monthly requests

1200+

Programs available to underserved communities:

20% behavioral health

24% physical health

56% social care

Partnering to build a public utility across NYS

Service Types

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Snapshot of Healthy Alliance IPA Participants

	Benefits Navigation	Employment	Food Assistance	Health Care Coordination	Housing + Shelter	Legal	Mental + Behavioral Health	Social Care Coordination	Social Enrichment
Alliance for Positive Health	✓		✓	✓	✓		✓	✓	
Altamont Program	✓	✓			✓			✓	
Bethesda House of Schenectady, Inc.	✓		✓	✓	✓		✓	✓	
Beyond Living							✓		✓
Capital District YMCA									✓
CAPTAIN Community Human Services	✓		✓		✓		✓	✓	✓
Catholic Charities of the Diocese of Albany	✓		✓		✓		✓	✓	✓
Center for Disability Services	✓			✓					✓
CEK RN Consulting, Inc.				✓					
Centro Civico, Inc.	✓								
Church of St. Vincent de Paul			✓						
Columbia County Community Healthcare Consortium, Inc.	✓	✓		✓					
Commission of Economic Opportunity (CEO)	✓	✓	✓						
Community Caregivers Inc.	✓								✓
Community Health Center				✓					
Conifer Park, Inc.				✓			✓		✓
Cornell Cooperative Extension	✓		✓						
Eleanor Young Clinic							✓		
Ellis Hospital	✓		✓	✓			✓		
Equinox				✓	✓		✓		
Franklin Community Center			✓						
Healthy Capital District Initiative	✓			✓					

Governance

- Healthy Alliance governance structure with community-based organizations (CBOs) on the Board alongside medical and behavioral health providers

- Shifting board conversations and the governance priorities of Healthy Alliance away from a medical model and toward a focus on health equity

- Allows for tight collaboration between sectors as an imperative component of success

Examples of Healthy Alliance Health Equity Efforts

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- COVID-19 vaccine pre-registration initiative brought Healthy Alliance closer to the communities it serves and strengthened its collaboration with county public health departments.

- Healthy Alliance with United Way created a Changemaker Fund to amplify work in communities of color by specifically supporting BIPOC-led CBOs.

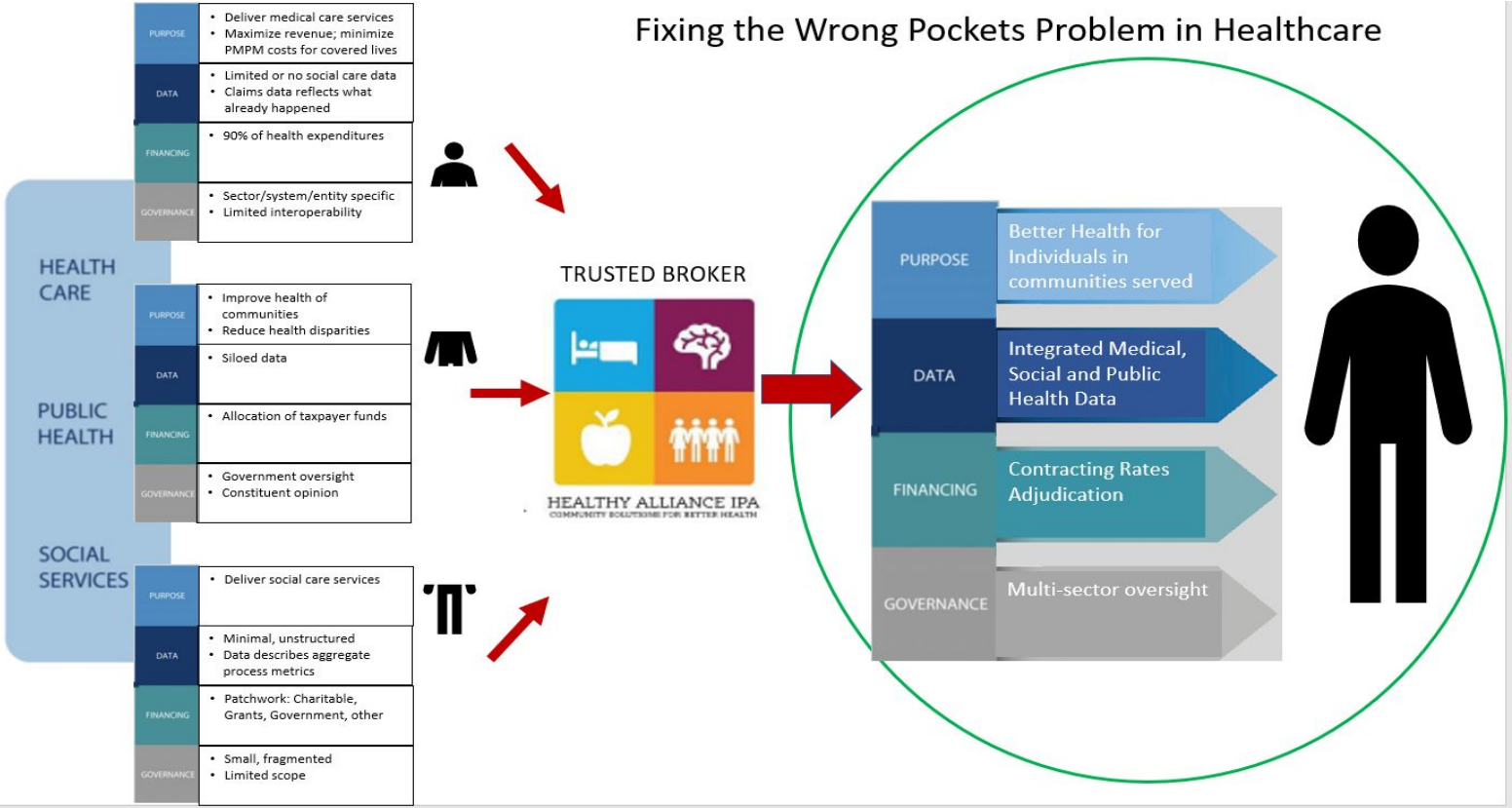
Study Aims

- Aim 1: Assess the impact of coordinated social care assistance interventions on total cost of health care.

- Aim 2: Compare the type of medical care received (i.e., ER, hospitalizations, ambulatory surgery, and outpatient care) and assess whether there has been a shift over time in cases relative to controls.

- Aim 3: Describe the effect of Healthy Alliance on social service care and health care using a health equity lens.

Conceptual Model



Adapted from Landers et al "A Theory of Change for Aligning Health Care, Public Health, and Social Services in the Time of COVID-19", AJPH 2020

Methods

- Difference in differences (DD) design

	Before Healthy Alliance Pre 2018	After Healthy Alliance 2018 and After
Members in Healthy Alliance Counties	Average Cost, per-member per-month	Average Cost, per-member per-month
Matched Controls in other NY counties	Average Cost, per-member per-month	Average Cost, per-member per-month

Data

- Two datasets
  - Cost and utilization data from the SPARCs All Payer Claims Database in NY (2011 through 2021)
  - Healthy Alliance's member and services files (*Unite Us*)
    - Demographics (race/ethnicity, insurance, housing status)
    - SDoH screening from Health Leads Screening Toolkit
    - Date of screen, client status (active, inactive), service type and subtype received, date of service, name of service program.

Cases

- Cases will include all persons in the *Unite Us* database during 2019-2021 that live in the six service counties: Albany, Rensselaer, Schenectady, Fulton, Montgomery, or Saratoga.

- We will link *Unite Us* platform data with the SPARCs data.

- *Unite Us* does not use SSN, so we will us a probabilistic match.

Controls

A comparison cohort will be selected as follows:

1. Comparable NY counties will be identified based on Census data

2. Counties that have the same service providers that are part of Unite Us will not be considered as a potential comparable county

3. Controls will be identified using propensity score matching based on age, gender and CMS V24 risk score, computed with SPARCs data prior to Healthy Alliance.

Study Aims

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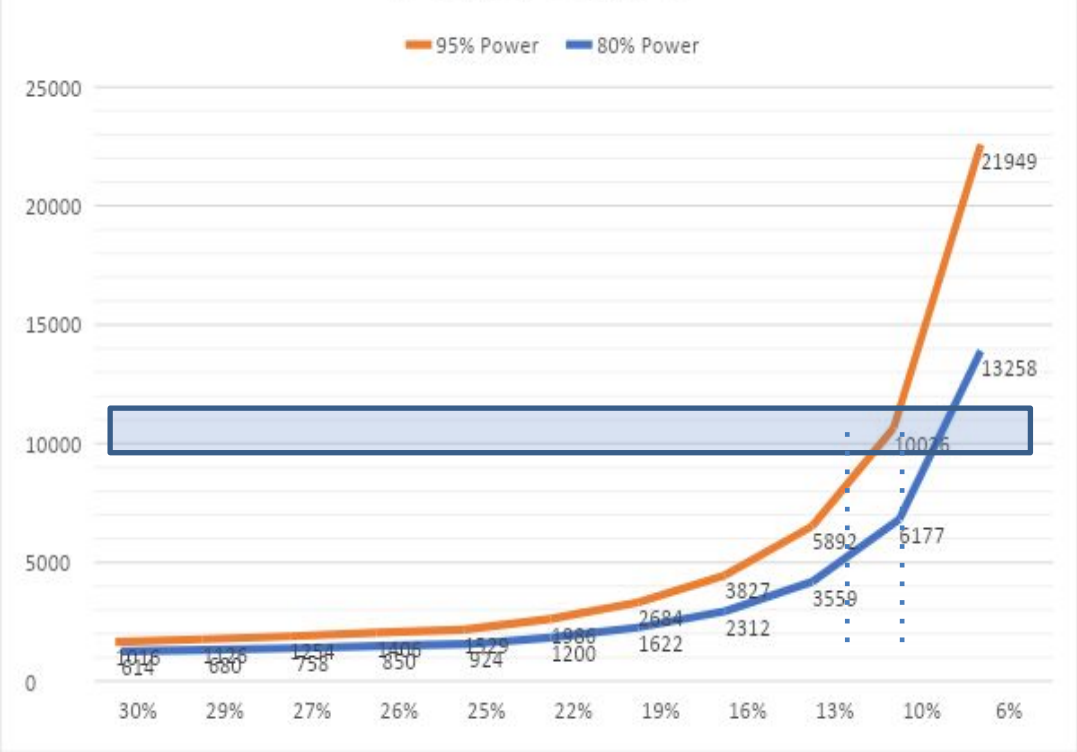
- Aim 1: Total costs of care. SPARCs reports total charges, so we will cost-adjust the charges

- Aim 2: Analyze subtotals to gain insights on appropriate / inappropriate utilization
  - ED visits
  - Hospitalizations
  - Ambulatory surgery
  - Adherence to medications for chronic conditions, specifically, COPD/asthma, high blood pressure, diabetes, mental health.

- Aim 3: We will conduct subgroup analyses with specific attention to higher deciles of risk (i.e., based on prior health care use) and race/ethnicity to assess whether the intervention is effectively targeting the most vulnerable subpopulations and underlying racial inequity.

Power Analysis

- Used data from other safety net provider (VA)
- We took five random selections of Veterans under age 65 and computed their monthly costs $663 (SD $1,231).
- We have the power to detect a ~9% change in costs. This is approximately a $60 change per member per month (at 80% power).
- At 95% power, we can detect a ~12% change in costs ($80 per member per month).



Commentary

Kyla Schmidt
Founder and Executive Director
Mom Starts Here

MOM STARTS HERE

WHAT WE DO

We get to know you and the needs of your family.
We then send referrals to community organizations and programs and help you navigate resources. Mom Starts Here will provide coaching and parent education, along with supplying needed baby items and diapers. We stand with you every step of the way and help you plan for the future.

Questions?

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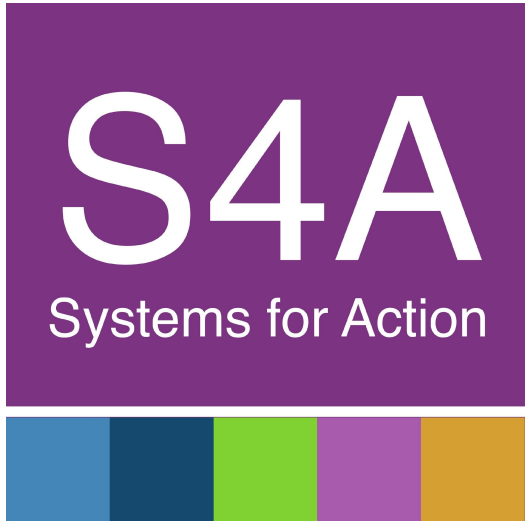

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