Connecting Vulnerable Seniors to Nutrition Assistance through a Managed Care Plan

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

Research-In-Progress Webinar
October 26, 2022
12-1pm ET

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Agenda

Welcome

Presenters:

Ashley Humienny, MBA

Benefits Data Trust

Joan Eichner, DrPH,
Elaine Kwok, PhD

UPMC Center for High Value Health Care

Q&A

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Ashley Humienny, MBA is the Director of Healthcare Innovation at Benefits Data Trust. She oversees the organization's healthcare business. She is responsible for setting and driving BDT's healthcare strategy, including current project success, partnership development, and evolving offerings. Her expertise includes healthcare technology, non-traditional care models, and market strategy.

Ashley earned her B.A. from the University of Pennsylvania and her M.B.A. from Duke University's Fuqua School of Business.

Ashley Humienny

bdt
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Joan Eichner, DrPH, is the Director of Operations and Evaluation with the UPMC Center for Social Impact. She designs, implements and evaluates social interventions that blend healthcare and community-based resources to address social needs. Her graduate work was in behavioral and community health sciences at the University of Pittsburgh.

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Elaine Kwok, CCC-SLP, PhD is a Health Services Researcher at the UPMC Center for High-Value Health Care. She conceptualizes and conducts program evaluation in health care systems, often using mixed-methods approaches. Her PhD is in Rehabilitation Sciences from the University of Western Ontario.

UPMC Center for High-Value Health Care

About Benefits Data Trust

BDT is a national nonprofit that connects people to essential public benefits programs while treating them with dignity and respect. Since 2005 we've helped people submit more than **1.2 million benefits applications.**
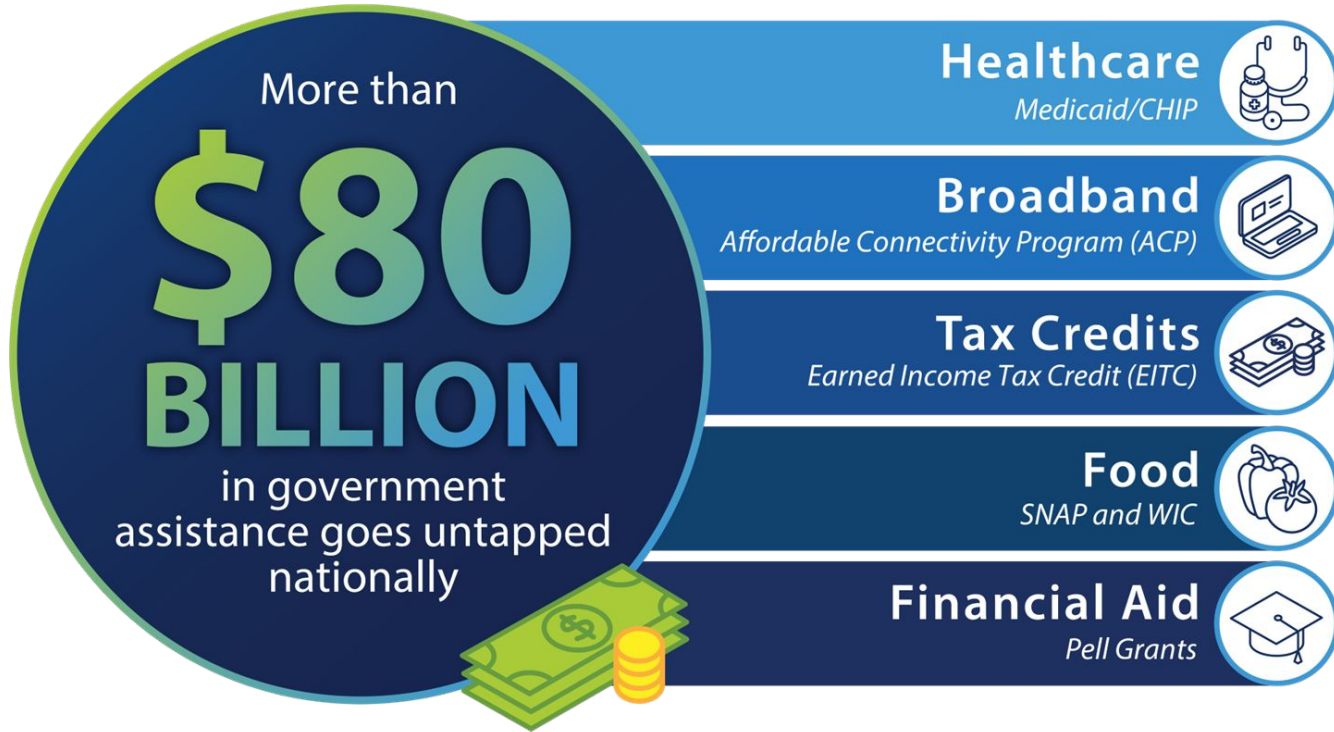
We work with healthcare organizations to help their members and patients:

Apply for a range of public benefit programs for which they're likely eligible
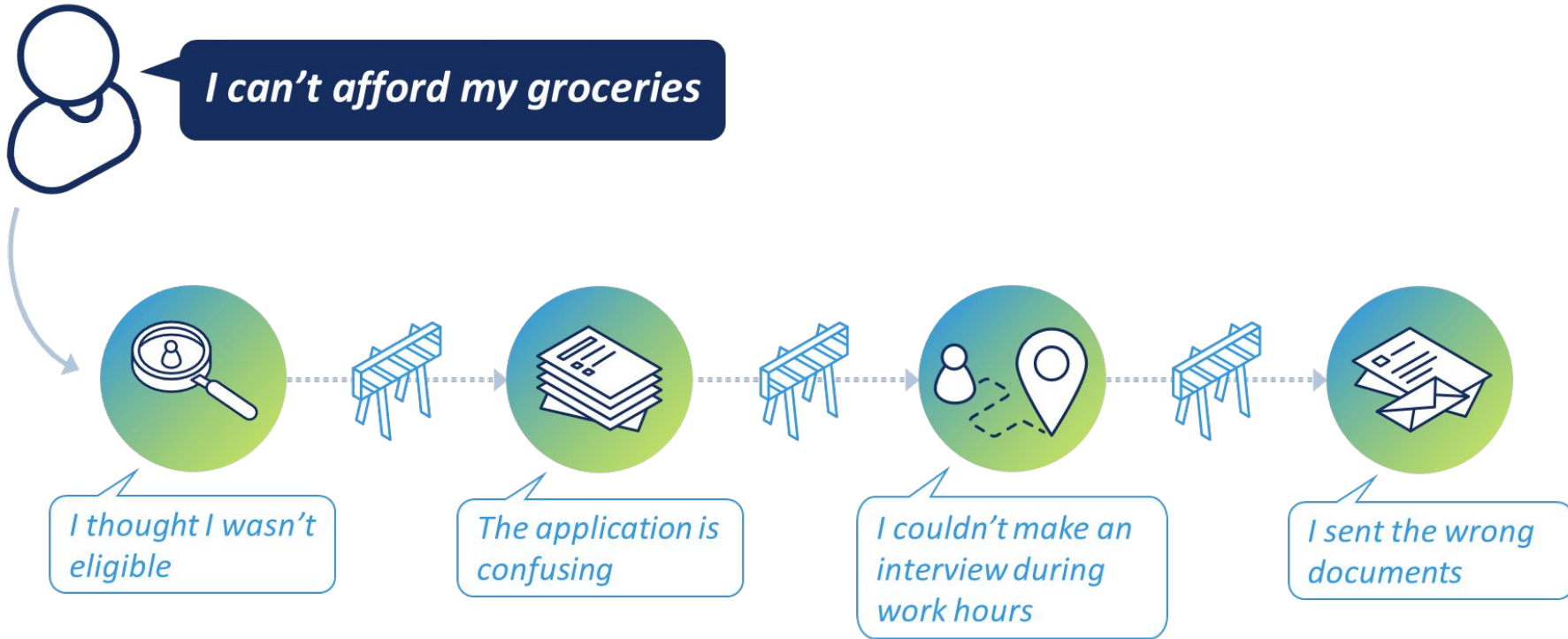
Improve their health.

Lower healthcare costs by reducing utilization of avoidable services.

The Problem: What's Left on the Table

More than **$80 BILLION** in government assistance goes untapped nationally

Healthcare *Medicaid/CHIP*

Broadband *Affordable Connectivity Program (ACP)*

Tax Credits *Earned Income Tax Credit (EITC)*

Food *SNAP and WIC*

Financial Aid *Pell Grants*

BDT estimate based on federal data and reputable third-party sources.

Barriers to Enrollment

I can't afford my groceries

I thought I wasn't eligible

The application is confusing

I couldn't make an interview during work hours

I sent the wrong documents

Overcoming Barriers to Enrolling in Benefits

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We specialize in **comprehensive, person-centered application assistance** to help people access all the public benefit programs for which they are eligible.

BDT provides direct assistance to tens of thousands of individuals per year to help them apply for public benefit programs.

Our **benefits specialists** screen members for eligibility and **submit the applications** on the client's behalf for multiple benefit programs – **on one phone call.**

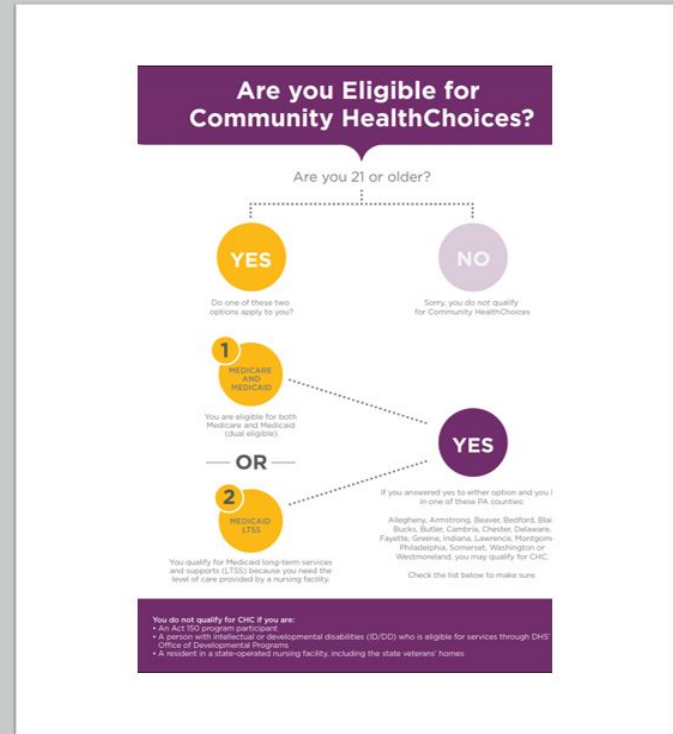# UPMC Center for High-Value Health Care

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

CHVHC

Broad Dissemination of Results

Collaborative Partnerships

Evidence-Based Program Development

Definition of goals, outcomes and decision-points

Rapid-cycle learning and improvement of programs

Rigorous Evaluation

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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

Are you Eligible for Community HealthChoices?

Are you 21 or older?

YES — Do one of these two options apply to you?

NO — Sorry, you do not qualify for Community HealthChoices

1 MEDICARE AND MEDICAID — You are eligible for both Medicare and Medicaid (dual eligible).

— OR —

2 MEDICAID LTSS — You qualify for Medicaid long-term services and supports (LTSS) because you need the level of care provided by a nursing facility.

YES — If you answered yes to either option and you l in one of these PA counties:

Allegheny, Armstrong, Beaver, Bedford, Blair, Bucks, Butler, Cambria, Chester, Delaware, Fayette, Greene, Indiana, Lawrence, Montgomery, Philadelphia, Somerset, Washington or Westmoreland, you may qualify for CHC.

Check the list below to make sure.

You do not qualify for CHC if you are:
• An Act 150 program participant
• A person with intellectual or developmental disabilities (ID/DD) who is eligible for services through DHS' Office of Developmental Programs
• A resident in a state-operated nursing facility, including the state veterans' homes

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CHC Zones

Northwest

Northeast

● **PHASE 1:** January 2018
● **PHASE 2:** January 2019
● **PHASE 3:** January 2020

Southwest

Lehigh/Capital

Southeast

UPMC Community
HealthChoices

Food insecurity and health:

- 10.5% of the overall U.S. population is food insecure
- Food insecurity is linked to poorer health, especially in:
  - Black and Latinx,
  - young children
  - older adults,
  - chronic conditions
- May be due to poor diet from inexpensive, energy-dense food
- SNAP supplements the food costs for low-income individuals

SNAP benefits and health:

State-level data suggest SNAP recipients have

- Reduced
  - emergency room visits
  - in-patient admissions
  - length of hospital stay
  - long-term care / nursing home admissions
- Lower health care costs, especially among chronic condition groups
- Improved medication adherence

Partnering with healthcare to address social needs

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.

Research Design

- Quasi-experimental waitlist design:
  - 66% of CHC members randomized to immediate outreach (intervention group)
  - 33% randomized to delayed outreach (control group)

- Primary independent variable: SNAP enrollment

- Primary dependent variable: Hospital utilization within 12 months after SNAP enrollment
  - Secondary outcomes included other utilization and cost outcomes (e.g., medication adherence, ED visits, cost of care)

Research Data Flow
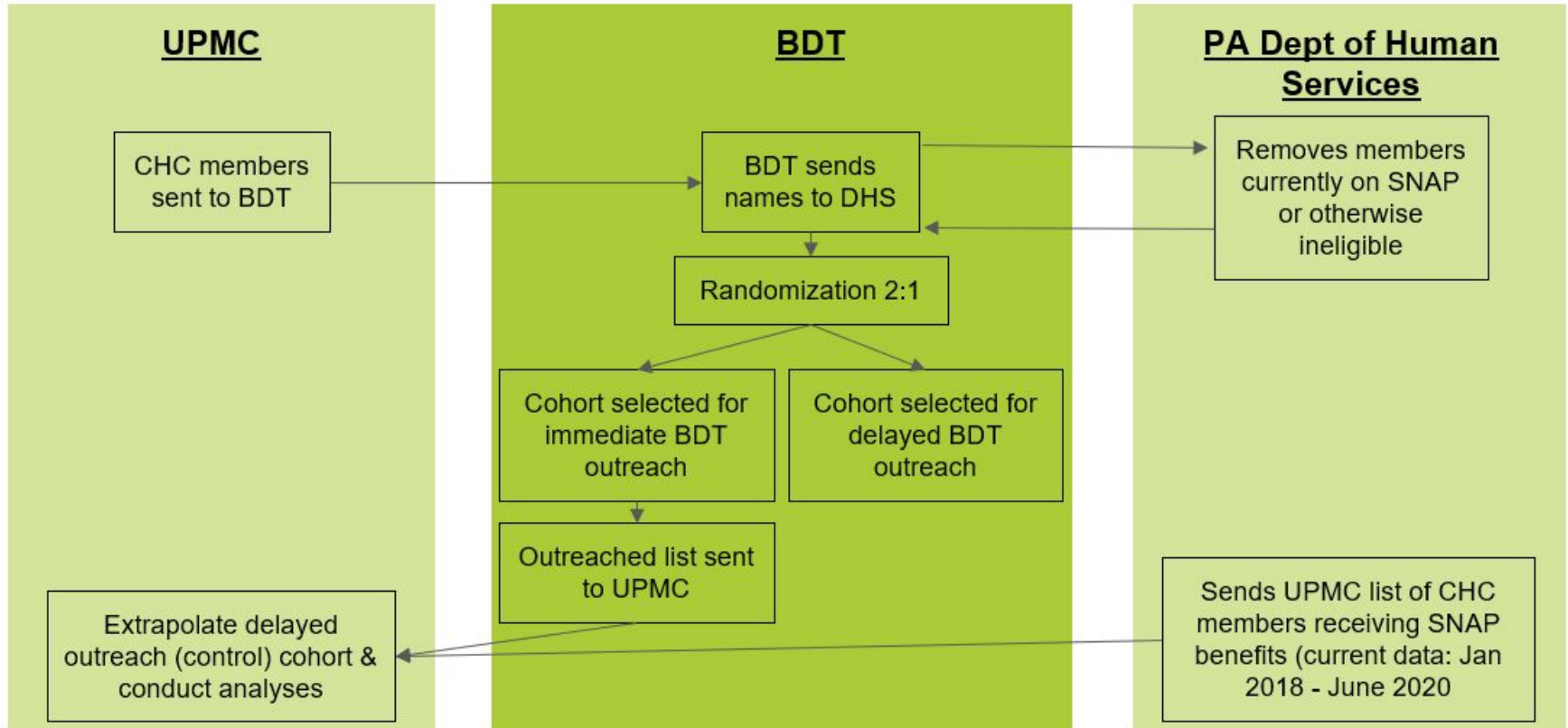
Current study design

- Dual-(Medicaid, Medicare) eligible members
- Matched 1:2 on age, race, gender, comorbidities, geographical locations (area deprivation index, zip codes)
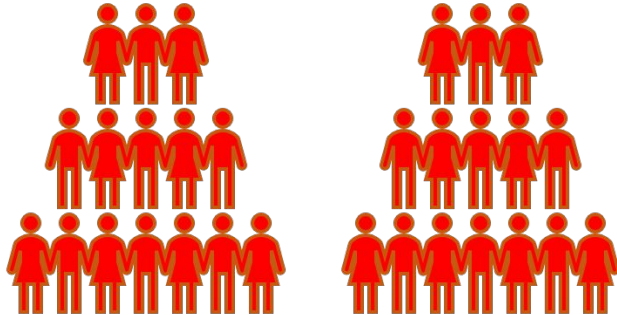
Comparison (N=1320)   SNAP (N=661)
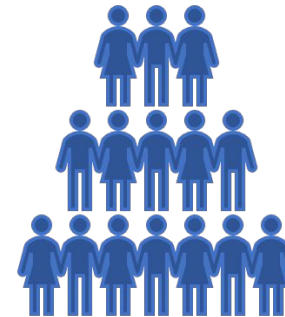
Newly SNAP enrollees
Maintained at least 12m of SNAP benefits
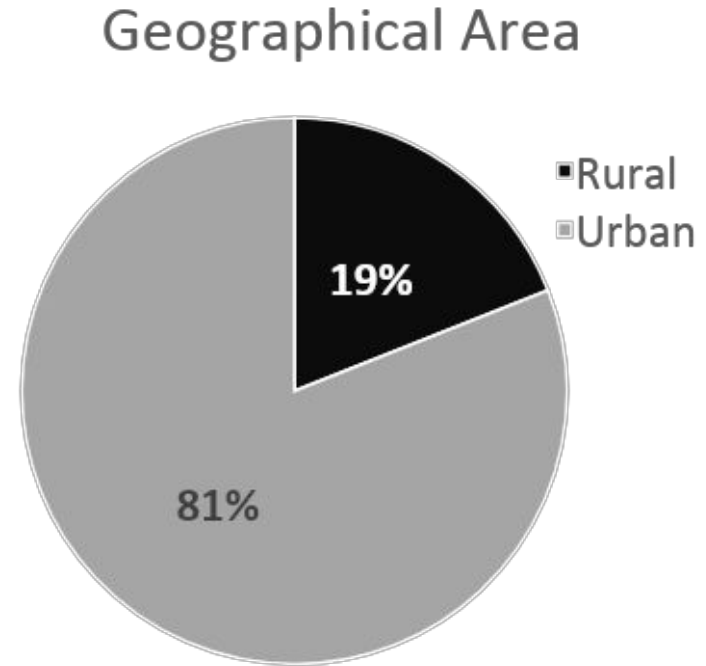
Participant Characteristics

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Gender

- Female
- Male

40%
60%

Race

1% 2%
13%
84%

- Black/African American
- White/Caucasian
- Others
- Not provided

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Participant Characteristics

Age

- 6%
- 34%
- 25%
- 23%
- 12%

Legend:
- 21-50
- 51-60
- 61-70
- 71-80
- 81+

Geographical Area

- 19%
- 81%

Legend:
- Rural
- Urban

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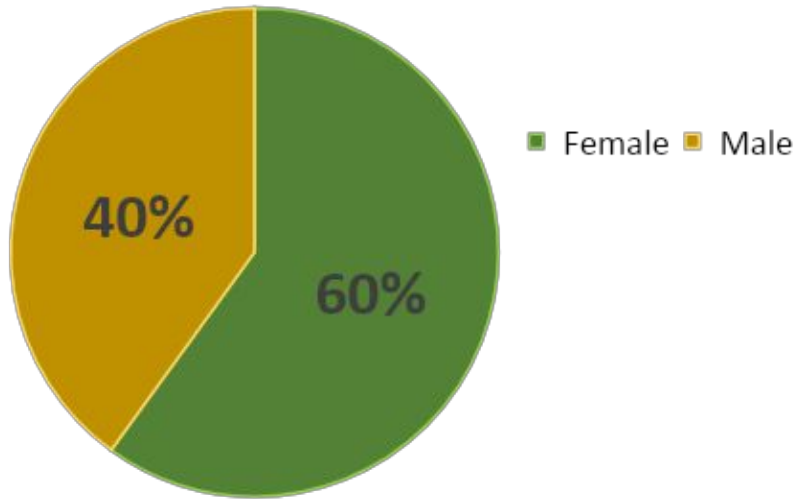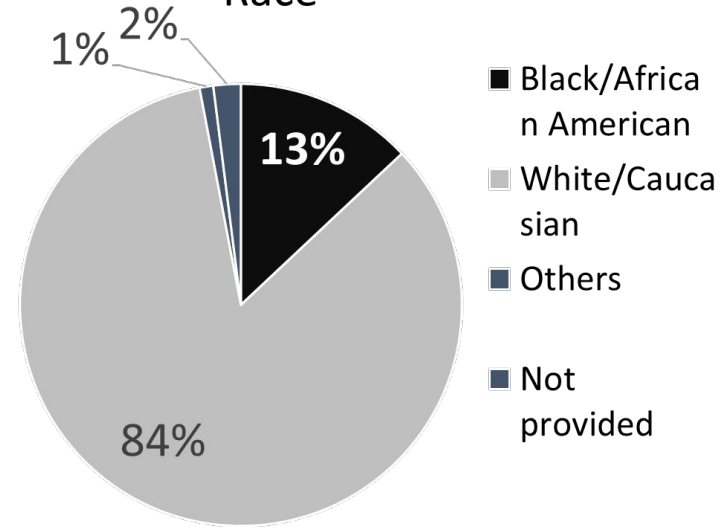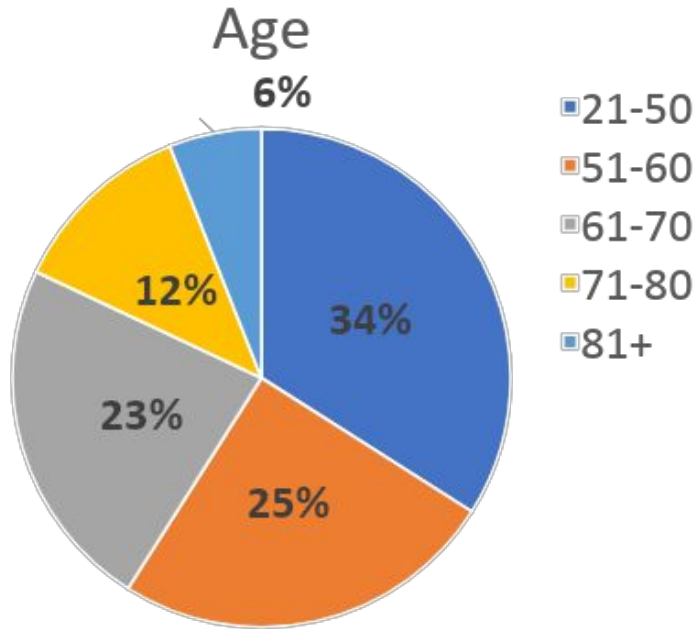
Health Utilization
Inpatient admission
ER visits
Unplanned Care
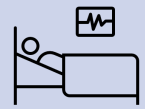
Cost data
Medical
Pharmacy
Total cost of care

Unplanned Care Count

* - p < .05
** - p < .01

Year 1   Year 2

Non SNAP   SNAP
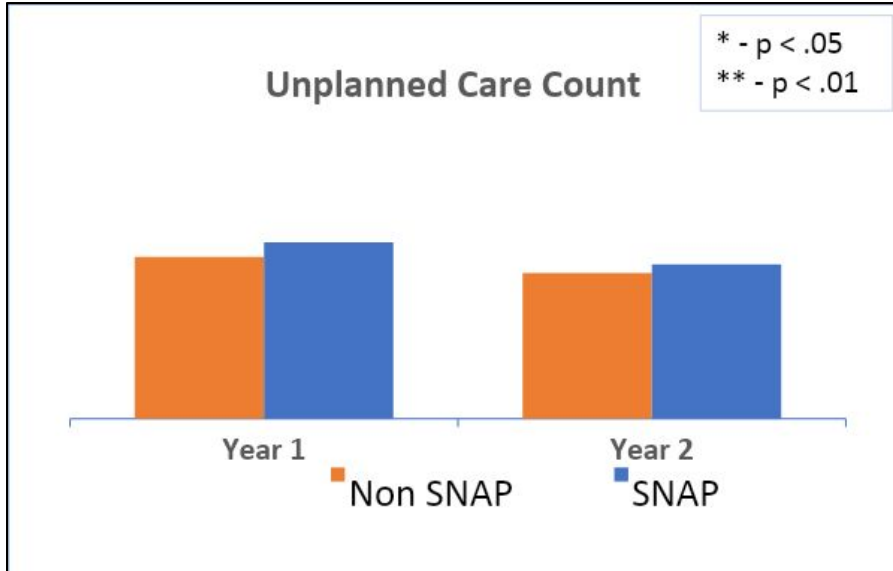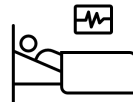
SNAP enrollment **did not** predict

- Inpatient admission
- ER visits
- Unplanned Care

Cost outcomes

NFI Total Cost of Care

* - p < .05
** - p < .01

Year 1   Year 2

■ Non SNAP   ■ SNAP
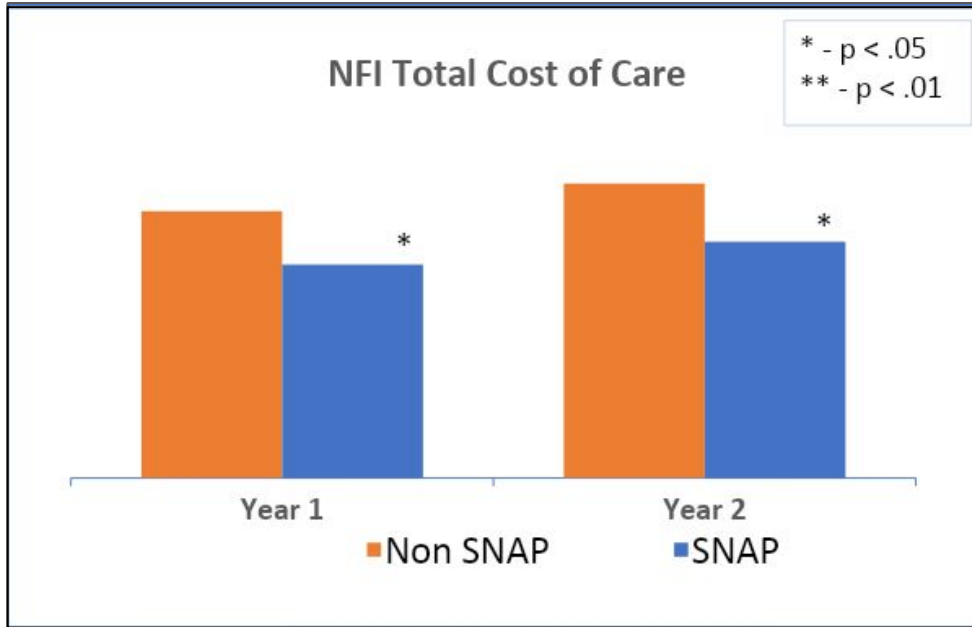
SNAP group had 16% less total cost of care

What was the cost driver?

- Pharmacy cost
- No impact on medical cost

Who was the cost driver?

- NFI subgroup

Discussion of findings

What we found….
- Reduction in total health care cost
- SNAP enrollment effect persisted for at least 2 years
- Driven by reduction in pharmacy costs
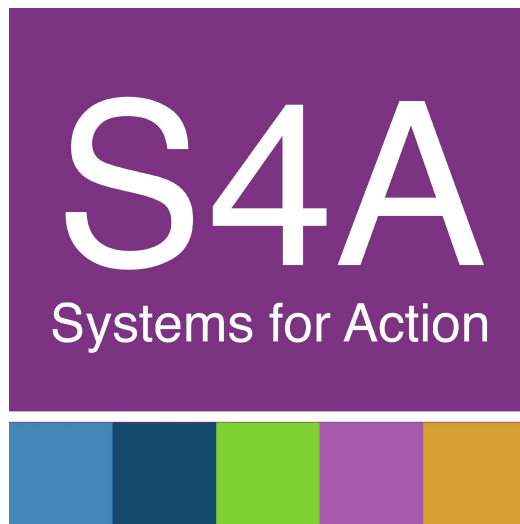- More apparent in the healthier subgroup

What we didn't find….
- Reduction in health utilization
- Reduction in medical costs

- **Why?**
  - Possibly due to COVID?
  - Possibly that health utilization takes longer to manifest?

Questions?

www.systemsforaction.org

🐦 **@Systems4Action**

Acknowledgements

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Robert Wood Johnson Foundation

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