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# Reducing your state's healthcare costs through SDoH care coordination

*Presented by:*

Richard Prudom, Secretary for the Florida Department of Elder Affairs

Lance Robertson, Director of Healthcare, Guidehouse

Manik Bhat, Vice President of SDoH Operations and Sales at WellSky

# Background:
# The importance of social determinants of health

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# Social Determinants of Health (SDoH) are the key to value based care and are critical in a COVID environment

The National Academy of Medicine reports that >*40%* of an individual's health outcomes are driven by social determinants of health, which are health-related behaviors, socioeconomic factors, and environmental factors.

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# SDOH Problems to Address

## ANALYSIS OF SDOH

### Hard to Prioritize and Build Financial Case

Inconsistent visibility into the social needs affecting a population makes it difficult to prioritize interventions or allocate appropropriate resources.

## NETWORK TO PROVIDE SERVICES

### No Accountability and Transparency

CBOs, payers, and providers struggle to close the loop on needs, share information, and align incentives

## WORKFLOW TO COORDINATE

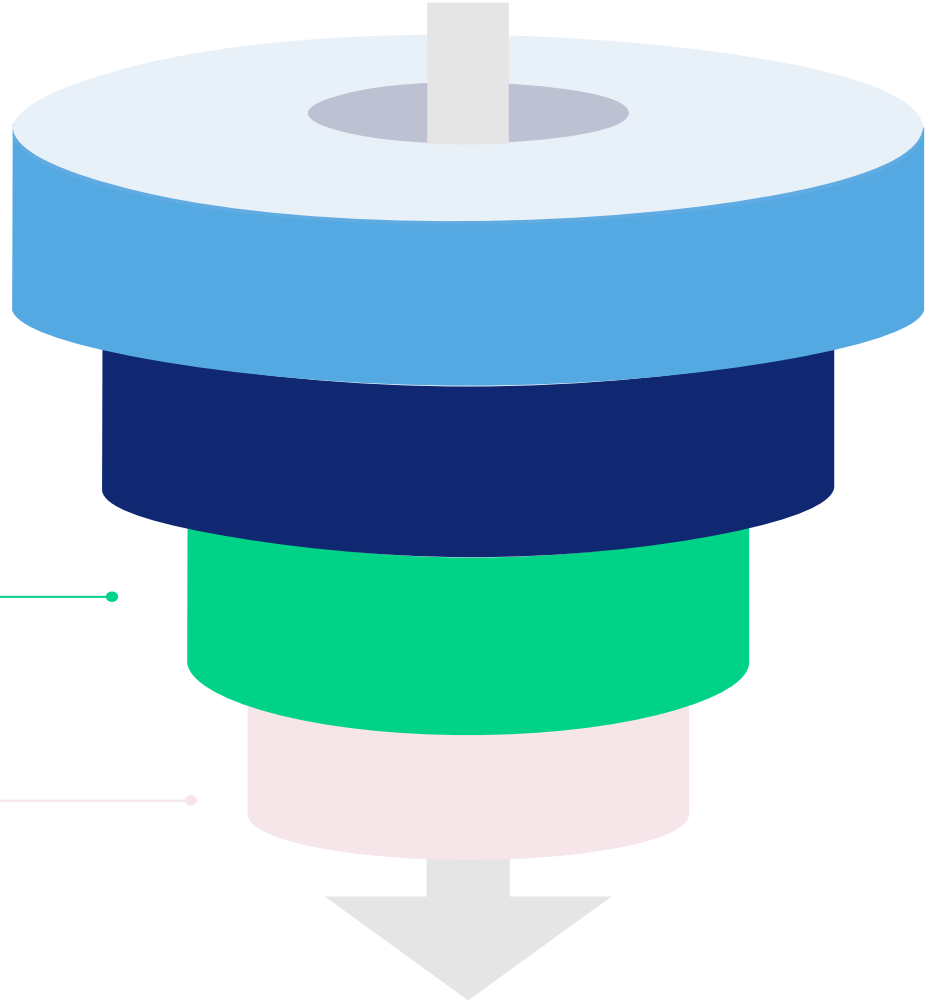
### Fragmented Workflow to Coordinate Care

Teams across stakeholders don't have standardized workflows or tools to coordinate services or engage members around SDOH

## OUTCOMES

### Proving ROI

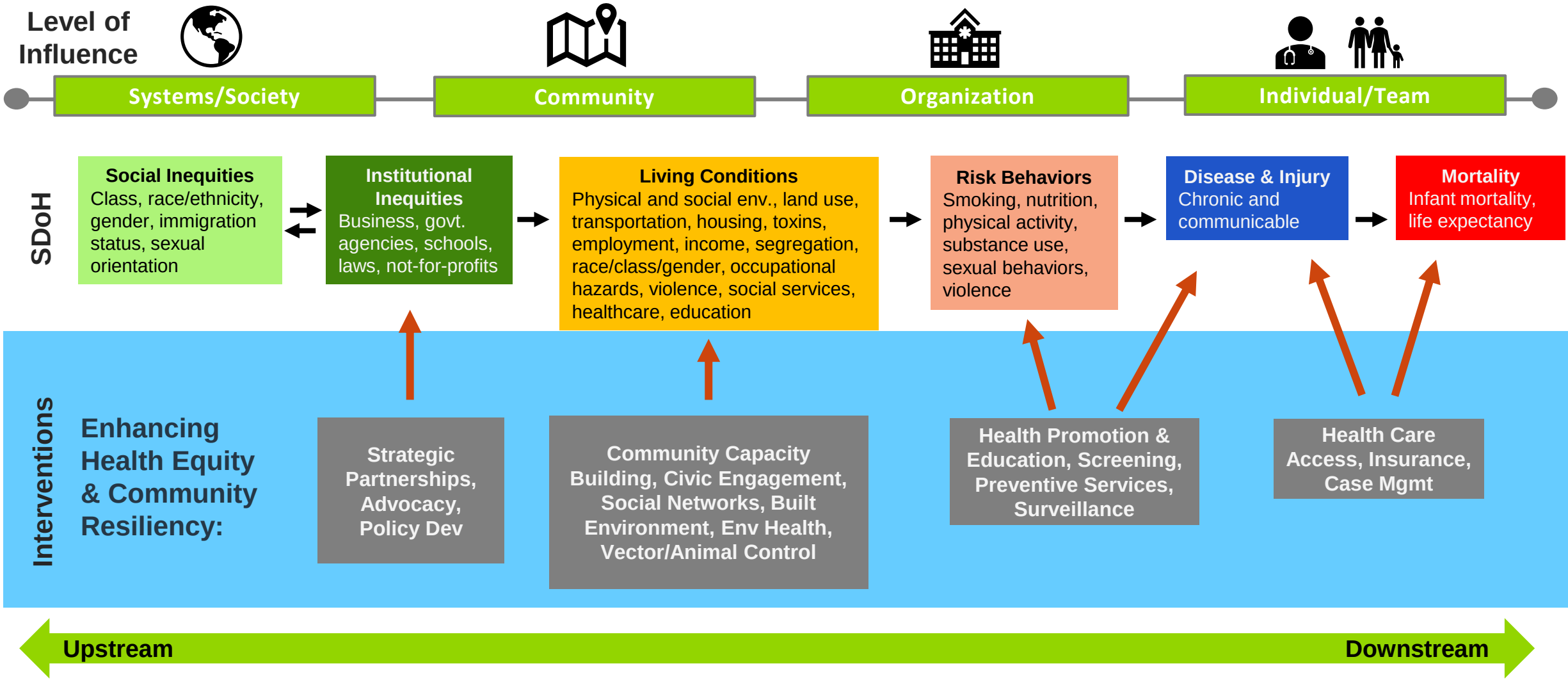
Calculating financial or clinical ROI for social service interventions is difficult without the right data and reporting.



# State perspective:
# How SDoH impacts costs and outcomes

# Achieving effective SDoH care:
# Key concepts to partner effectively with community-based organizations

# The Guidehouse Framework for SDoH



# Fund Sources

## MCOs and CBO networks can align beneficiaries with the appropriate fund sources to address SDoH and distribute cost of care

### Medicaid

- SMD-21-001 Indicates Authorities that can address SDOH:
  - 1905(a) State Plan
  - HCBS
    - 1915(c)
    - 1915(i)
    - 1915(j)
    - 1915(k)
  - Section 1115
  - Managed Care
  - 115(a)
  - 1932(a)
  - 1915(a),(b)
  - Section 1945
  - PACE

### Medicare and Dual-Eligibles

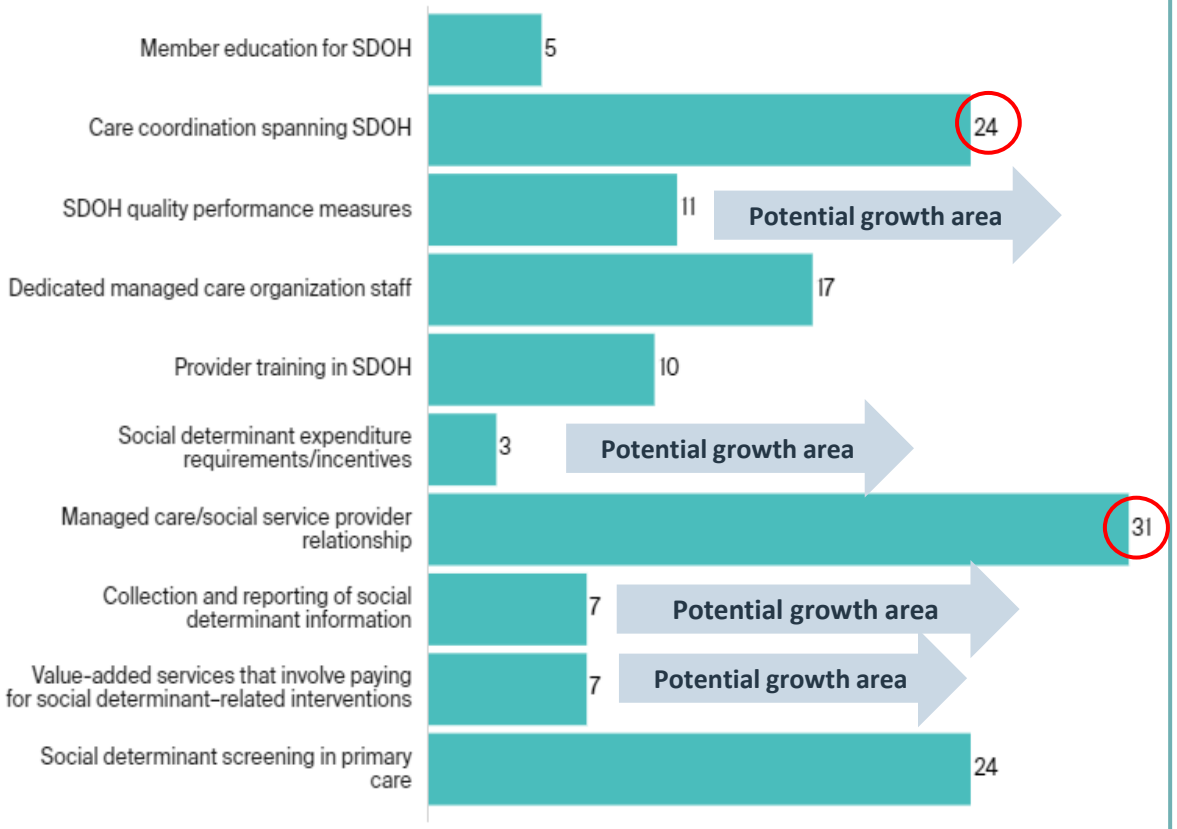
- Medicare can address SDoH through special plan structures
  - Medicare Advantage Plans
  - Special Needs Plans
  - PACE

### Safety-Net Programs

- Older Americans Act
- Mental and Behavioral Health Services
- Housing and Urban Development
- SNAP
- TANF
- State and Local safety net resources

# Laying the Groundwork: SDoH in Medicaid Managed Care

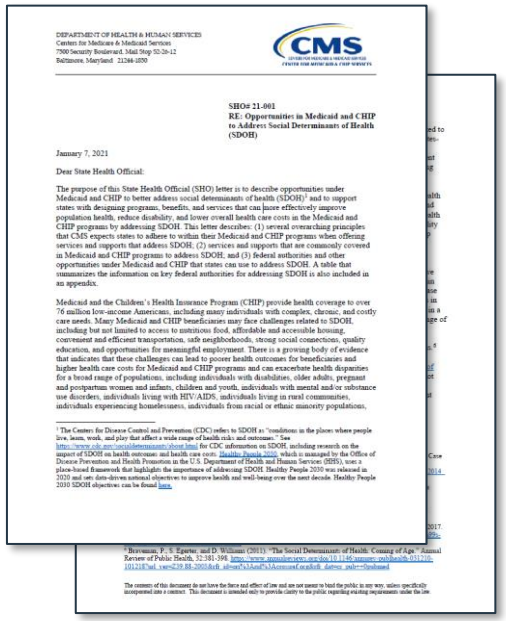
## State Contract Provisions Related to SDoH, 2019




Source: Sara Rosenbaum et al., *How States Are Using Comprehensive Medicaid Managed Care to Strengthen and Improve Primary Health Care*

## State Medicaid Director Letter 21-001 Outlines possible SDoH provisions and payment methods.

- Assessing enrollees for SDoH needs
- Referring enrollees to SDoH services
- Tracking referrals to social services
- Including community health and social service workers in care coordination teams



- Requiring plans to contract with community-based organizations with expertise in addressing SDoH

# Envisioning CBOs in an MCO SDoH Network

CBOs can link MCOs and providers to wrap-around home and community-based services… but must receive reimbursement to maintain sustainability.

**Medicaid Managed Care Organizations**

- Provide plans that involve financial risk to the payer.
- Payer goals are to:
  - Decrease total cost of care
  - Improve quality measures
  - Address state-level health initiatives

**Medical Provider Organizations**

- Receive payments from multiple payers with a focus on performance measures. Provider goals are to:
  - Reduce total cost of care, especially in PM/PM or other risk-bearing agreements
  - Improve patient compliance with measured interventions
  - High-cost / high-utilization populations consume ~80% of care (and cost)

**In-home and wrap-around services**

**CBO Network**

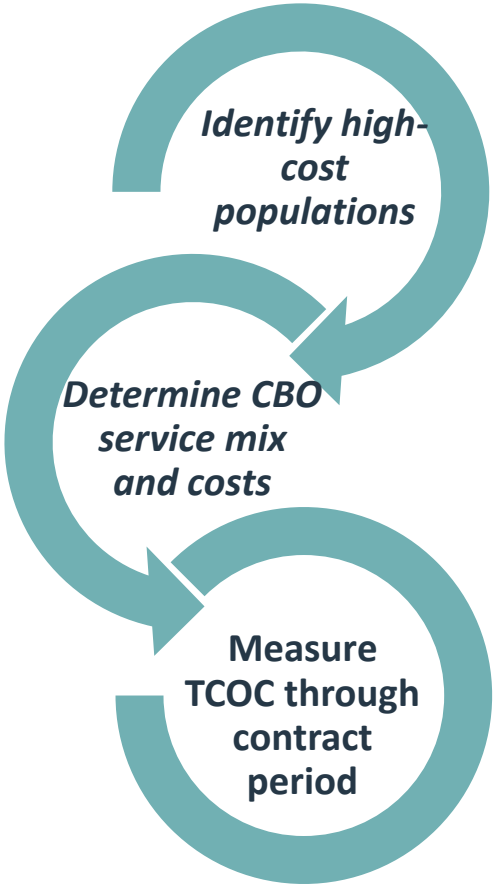
Provide coordinated complex care services to older adult and chronic-care populations proven to improve quality and reduce total cost of care.

Payer and CBOs work together to drive down TCOC and share financial benefits through alternative payment methods.

Providers and CBOs co-manage key populations and share in cost savings.

# Measuring MCO Return on Investment

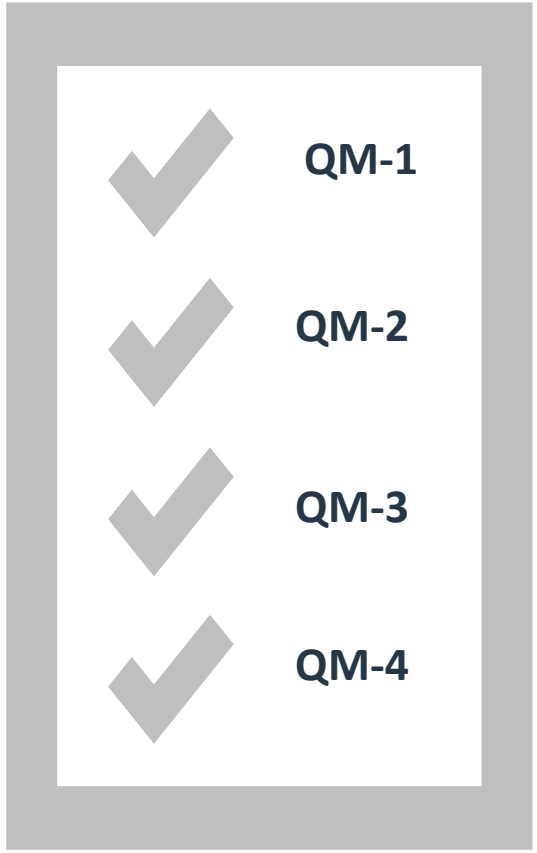
## How can the CBO network create savings that exceed partnership costs?




MCOs can use CBOs to drive down total cost of care through effective service mix design that addresses key cost-related factors.

Examples:

- Fall risk in older adults
- Chronic disease management
- High utilization due to mental behavioral health concerns.

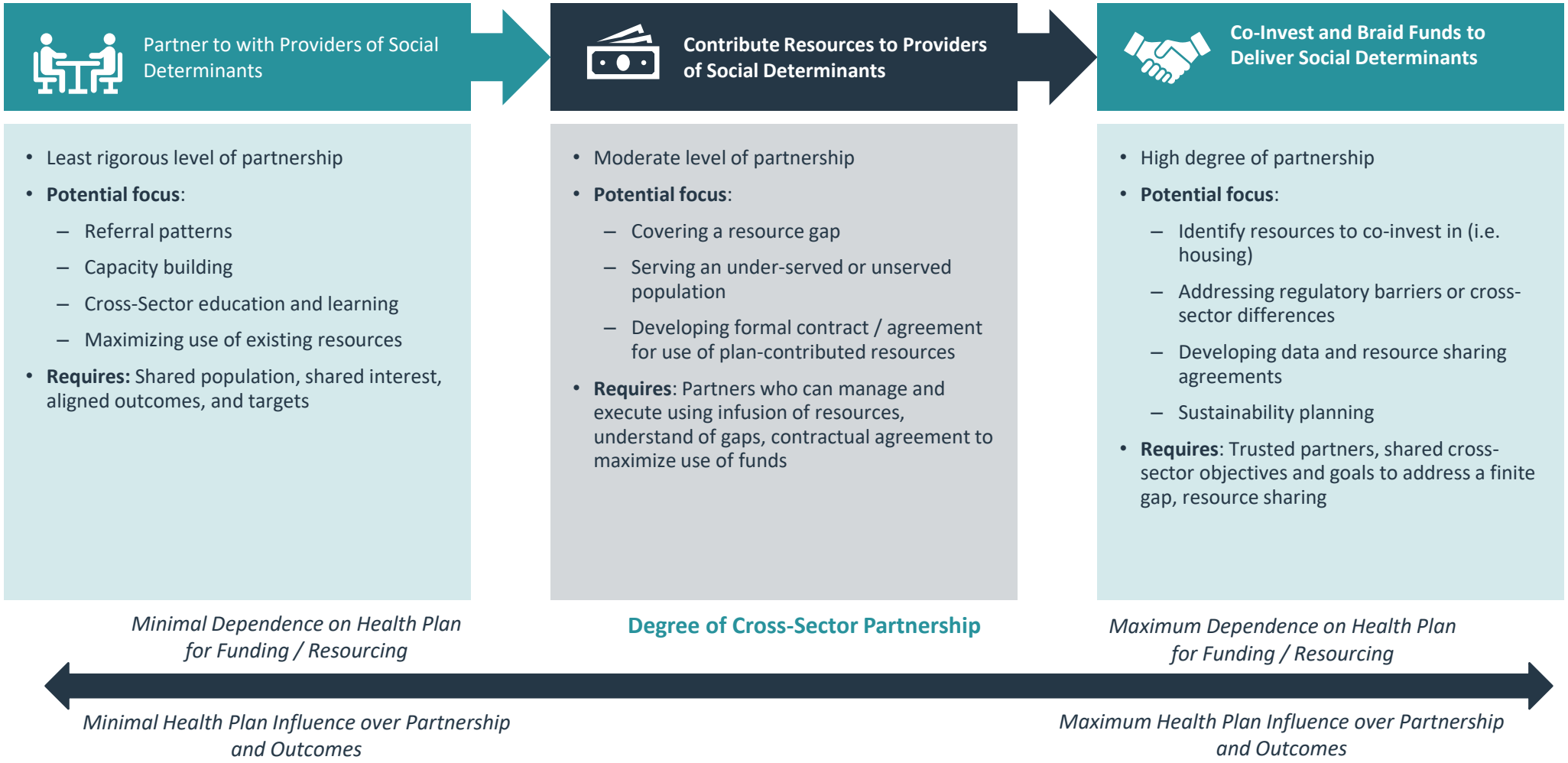



MCOs can use CBOs to improve quality measure performance.

Examples:

- Enhance preventative care measures
- Improve care coordination for complex populations
- Improve overall health outcomes

# Understand there is a continuum in how payors are partnering with community-based organizations



# Challenges and Opportunities: CBO Business Acumen

CBOs may require business acumen training to meet MCO quality requirements.

| Most CBOs operate as publicly funded and grant-receiving organizations. | CBOs must be ready to meet commercial payers / providers on their terms. |
|---|---|
| Grant / program goals clearly defined | Contract terms address dynamic market conditions |
| Up-front or guaranteed funding | Varying reimbursement methodologies – including risk-bearing arrangements |
| Reporting identified in grant / program description | Contract evaluation determined by impact on industry measures or return on investment |
| Little to no financial risk | Financial risk and reward structures vary by contract. |

- Building a Community Integrated Health Network (CIHN)
- ElderSource will function as the Network Lead Entity (NLE)
- Provide HCBS services
- Major goals:
  - Gap Analysis
  - Staff/Leadership/Governance
    - Most attractive services: CM, transition, Caregiver supports, CDSME, Falls assessment, housing, etc.
  - Financial modeling
  - IT Infrastructure
  - Quality Assurance
  - Readiness Assessments
- ACL grant awardee

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Contract with health care sector entities:
Accountable Care Organizations
Health Plans
Managed Care Organizations
Hospitals
Health Systems

"Hub for coordinating the services of the wider network, provide a unified and consistent approach to program delivery across a geographic area"

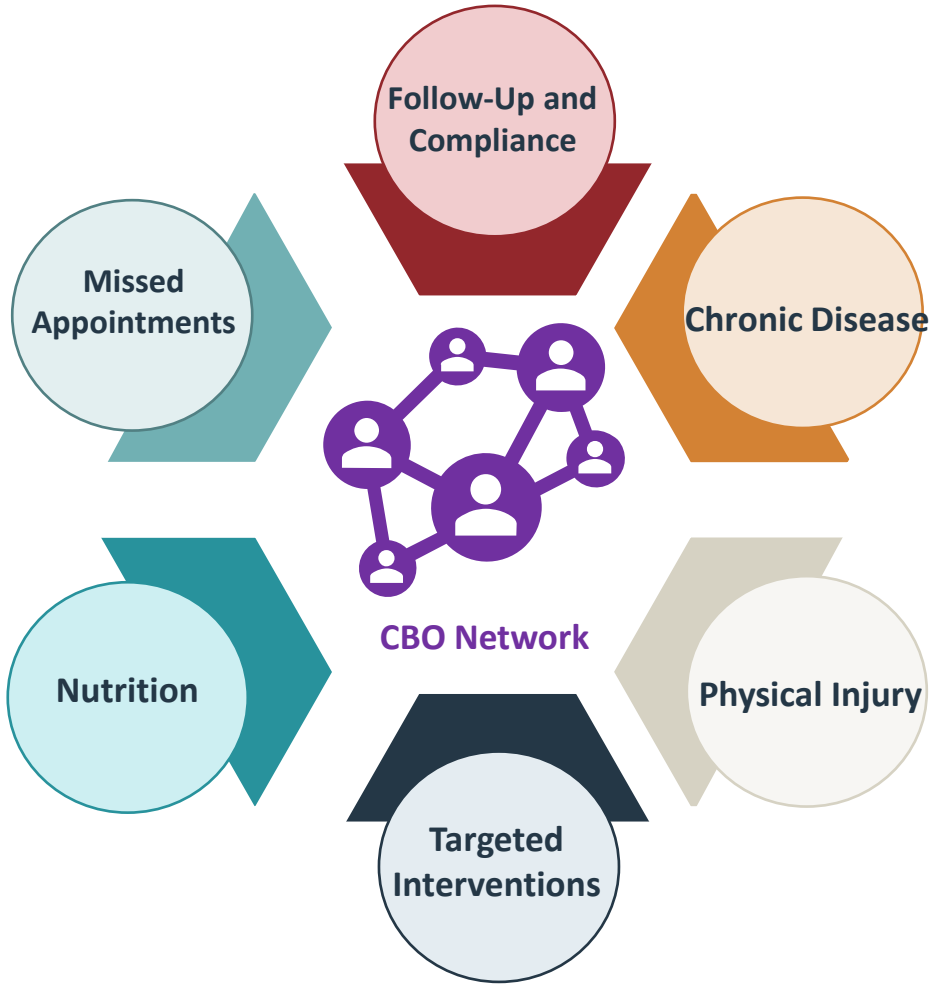
# Scaling the Partnership Strategy

## How CBOs can address key performance gaps.

**Case Management** in community settings can improve adherence to follow up visits, medication management, and clinical treatment compliance.

**Transportation** scheduling and services can provide necessary non-emergency services to decrease missed visits.

**Nutrition Counseling and Home Delivered Meals** can improve adherence to clinical diet recommendations and provide nutritious meals, especially in food deserts.




**Evidence-based programs** that educate and support self-management of chronic diseases decrease clinical non-compliance and improve overall health.

**Mobility and Exercise programs** reduce the incidence of falls and related physical injuries in older adults.

**Functional and Specialized Assessments** can pinpoint health challenges that may be “invisible” during provider visits.

# Community Based Organizations can Support Payers / Providers

Decades of expertise in addressing social determinants and complex care

## Build vs Buy

- Payers and providers are building networks to address SDoH and quality measures at great cost when an experienced network **already exists** with CBOs

## Existing CBO Programs produce ROI for Payers

- Evidence-based falls prevention programs show **ROI between 36% to 509%** of fall-related direct medical costs[1]
- Challenges with medication administration result in 3 million nursing home admits with an **annual cost of $14B**

## CBO Programs directly align with quality measures

- Falls Prevention and physical activity
- Home visits to support medication adherence combined with telephonic reminders
- Nutrition programs
- Case management for follow-up scheduling and attendance
- Evidence-based programs to support chronic disease management (e.g. diabetes)

1. A cost–benefit analysis of three older adult fall prevention interventions

https://www.researchgate.net/publication/271388515_A_cost-benefit_analysis_of_three_older_adult_fall_prevention_interventions

# Panel discussion:
# Addressing SDoH effectively in today's environment

# Q&A:
# What issues does your state face when addressing SDoH?


# Visit WellSky at booth #405 to learn more about solutions to address SDoH

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