Leveraging New Opportunities to Address the Social Determinants of Health

NANASP Webinar
August 20, 2019

NANASP Welcome

- NANASP is very pleased to have this follow-up webinar to our conference session on social determinants of health
- Title says a lot
- Obvious role of senior centers and community-based organizations
- It is the train that is leaving the station, but slowly enough where there is still time to jump on
Healthy Behavior Changes Happen Outside of the Clinics

Social Factors Impact Health Outcomes

WHAT DETERMINES HEALTH?  
(ADAPTED FROM MCGINNIS ET AL., 2002)

- Genetics 20%  
- Health Care 20%  
- Social, Environmental, Behavioral Factors 60%

- Psychosocial and environmental issues can lead to deterioration of physical symptoms or non-adherence to the clinical care plan
“Social determinants of health have taken center stage in recent health policy discussions because of the growing focus on global payment, accountable care organizations, and other initiatives focusing on improving population health.”

Yale Global Health Leadership Institute
What Are Social Determinants of Health?

• Sometimes it depends on whom you ask
• Relates to which of them will be paid for, either by the feds or private health
• They are often tied to chronically ill individuals, with an increasingly broader definition of chronically ill

What Are SDOH?

• Based on a variety of factors, SDOH can include:
  – Housing, including housing instability and homelessness
  – Food and nutrition
  – Nutrition education
  – Transportation related to nutrition and otherwise
  – Employment
  – Addressing domestic violence
  – Case management
What Does HHS Think?

• HHS Secretary Azar in late 2018 speech said in context of addressing SDOH:
  – “What if we provided solutions for the whole person, addressing housing, nutrition and all social needs together? What if we gave organizations who work with us more flexibility so they could pay a beneficiary’s rent if they were in unstable housing or make sure that a diabetic had access to and could afford nutritious food?”

The CMS Response

• In April, CMS issued a final “call letter” for the 2020 plan year
• Final call letter provided examples of supplemental benefits that could be covered for chronically ill, including:
  – “meals furnished to the enrollee beyond a limited basis, transportation for non-medical needs… and benefits to address social needs”
• Clarified that ACL-funded programs are eligible for contracting with plans
2020 Outlook for Supplemental Benefits

• Since 2020 plan year submissions were due back in June, this is more of a 2021 opportunity
• Will depend on the extent of existing relationships between plans and either community-based groups or for-profit entities providing services such as nutrition
• 2019 and 2020 have to be years of cultivating relationships between our members—senior center directors and others—with plans

Supplemental Benefits (cont.)

• Commend WellMed for what they are doing in this space
• Also Centene Corp, which earlier this year announced they have formed a “Social Health Bridge”
  – “to help community based organizations and healthcare entities work more effectively to address the social determinants of health”
• 2019-2020 have to be years of educating CBOs about different terminologies, funding streams, administrative complexity and the capacities of plans to participate
Other HHS Response

• MA is the main one so far

• Waivers—earlier in 2019, CMS approved a waiver request from NC that included a first of its kind pilot project where the state will use enhanced case management to create individual plans
  – Focused on housing, food, transportation, employment and addressing domestic violence

Other HHS Response (cont.)

• Flexibility through value-based purchasing arrangements—an evolving area

• New models through Centers for Medicare and Medicaid Innovation

• Partnerships between federal agencies such as one underway between HHS and HUD

• Possible opportunity through revamping of Accountable Care Organizations

• Legislative opportunities—perhaps through amendments to OAA

• Public-private partnerships
WellMed Charitable Foundation

Established in 2006 by Dr. George Rapier

- Independent non-Profit, 501(c)3 Foundation
- Philanthropic partner of WellMed Medical Management

Mission

- Support programs that serve seniors and their family caregivers

What We Do

- Philanthropic Giving in our WellMed communities
- Senior Centers
- Caregiver Services

WellMed Charitable Foundation:
Investment in WellMed Communities Since 2016

$31,214,988

12,925 Caregivers

16 States

6 Caregiver Resource Centers

10 Senior Centers (TX, FL)

41,298 Members
<table>
<thead>
<tr>
<th>Senior Centers</th>
<th>Square Feet</th>
<th>Clinic Y/N</th>
<th>Members Since Opening</th>
<th>2019 Members YTD</th>
<th>Average Daily Attendance</th>
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<td><strong>Totals</strong></td>
<td><strong>41,298</strong></td>
<td><strong>11,724</strong></td>
<td><strong>1,623</strong></td>
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**Senior Centers: Owned and Contracted**

**Owned: 10**
- Miami Florida – 1
- San Antonio – 3
- Austin – 1
- Lower Rio Grande – 2
- Corpus Christi – 1
- Dallas - 1

**Contracted Network: 133**
- San Antonio – 51 + 6 YMCAs
- Corpus Christi - 5
- Ft. Worth – 25
- Dallas - 41
- El Paso – 4
- Tampa - 1

**Planned 2019: 8**
- Austin – 8
Why Senior Centers

• Realization that health and behavior change don't happen in the clinic
• It’s one thing to say go exercise – another to have a vibrant senior center right outside the clinic door
• Peer support, physical activity, nutrition, socialization, creative arts, etc. can all lead to improved health outcomes
• Our WellMed Charitable Foundation senior centers may be one of the few locations where we own the senior center data AND can compare to health care outcome data

Senior Center Activities*

Information & Education
- Computer Classes - Cybercafé
- Nutrition & Cooking Classes
- Ask the Doctor
- Family Caregiver Services
- Advanced Directives

Supportive Services
- Medicare Information Center
- Food Bank Commodities
- City & WellMed Social Services
- Health Screenings/Health Fairs
- Possible Daily Hot Lunch
*Examples of activities

Recreation
- Fitness Advisory on Site
- Dance Classes (Zumba, African Dance)
- Tai Chi, Yoga
- Strength Training
- Art & Creative Writing
- Needlework
- Chair Volleyball, Pool, Ping-pong
- Movie Theater
- Dances, Parties and Celebrations
NIH Study: Primary Care and Senior Center Innovation

“There is great potential to leverage the infrastructure of community resources such as senior centers to deliver effective interventions to improve health outcomes in lower income and minority individuals”

NIH Study on Diabetic Control of WellMed Patients Who Use Senior Centers: Results

Regardless of whether patients or providers initiated the discussions; the study findings were consistent with other research that physician discussion or encouragement of lifestyle change is associated with health benefits.
Primary Care and Senior Center Innovation: Results

Impact: Mercedes Alvardo

• Fell several times the year before joining the center
• Depended on a walker
• Joined the Griffin Center in early February
• Began working out on the recumbent bike and took Stretch Yoga and Tai Chi classes.
• Soon only used a cane when walking at the center.
• Hasn’t needed the cane for over a month and continues to take exercise classes.
Senior Center Eligibility

• Age 60 and over
• No Cost
• Open to the community

Economic Security Program

• Replicating program from the National Council on Aging in 3 senior centers in San Antonio
• Program Elements:
  – Economic Security casework
  – Serve older persons below 250% of federal poverty level
• Outcomes
  – $250 monthly/$3,000 annual increase in income or decrease in expenses
Family Caregivers: Why We Should Care

Caregivers are the “gate keepers” of the treatment plan. They are expected to carry out tasks such as:

- Medication Management
- Wound Care
- Medical Appointments
- Emergency Room Decisions

Individuals exposed to chronic ongoing stress experience negative health outcomes. Some sources of stress are perceived lack of control, mental health issues, trauma, caregiving, financial insecurity, safety, social isolation, chronic health issues.
2019 WCF Retrospective Study

• In 2019, we pulled the names of 10 senior center members/WellMed patients from 2 WCF centers and 1 City of San Antonio center.
• Dr. Derick Young analyzed key health data from the time they joined WellMed:
  – Body Mass Index (BMI)
  – Blood Pressure (BP)
  – A1C (cholesterol)
  – PQH9 (depression)
  – Overall

Results by Measure

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<th>Measure</th>
<th>Stable</th>
<th>Improved</th>
<th>Worsened</th>
<th>Total % Positive</th>
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<tbody>
<tr>
<td>Overall</td>
<td>61%</td>
<td>27%</td>
<td>12%</td>
<td>88%</td>
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<tr>
<td>BMI</td>
<td>69%</td>
<td>12%</td>
<td>19%</td>
<td>81%</td>
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<tr>
<td>BP</td>
<td>58%</td>
<td>30%</td>
<td>12%</td>
<td>88%</td>
</tr>
<tr>
<td>A1C</td>
<td>62%</td>
<td>23%</td>
<td>15%</td>
<td>85%</td>
</tr>
<tr>
<td>PQH9</td>
<td>54%</td>
<td>27%</td>
<td>19%</td>
<td>81%</td>
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</table>

Stability is king. – Derick Young, MD
Tracking and Technology

- New software exists that can measure social determinants of health (SD0H), and connect health systems to community-based organizations and measure outcomes.
  - Example: TavHealth

Outcomes Across Organizations

- Geography places a large role in the health of a person.
- EMR + SDOH = true risk of adverse health event
- Two people can have the exact same health condition, but the person in a certain zip code will cost twice as much due to SDoH.
Supplemental Benefits and Risk- Bearing Entities

- It is important to understand who has the risk for the health care costs in a capitated system: HMO, ACO, medical group
- For 2020, supplemental benefits can include price of medications, transportation, home-delivered meals, additional dental and eye benefits, caregiver services, and more.
- The risk-bearing entity pays for the supplemental benefits that go into the health plan. This is where CBO's must negotiate.

NANASP Next Steps

- Educate
- Enlighten
- Encourage
NANASP Members’ Next Steps

• Positioning
• Persistence
• Performing

Questions??
# Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Contact Information</th>
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<tbody>
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[Wellmedcharitablefoundation.org](http://wellmedcharitablefoundation.org)