

WHOSE ROLE IS IT: HEALTH SYSTEM, HEALTH PLAN HEALTH DEPARTMENT

NAACOS Spring Conference

April 12, 2024

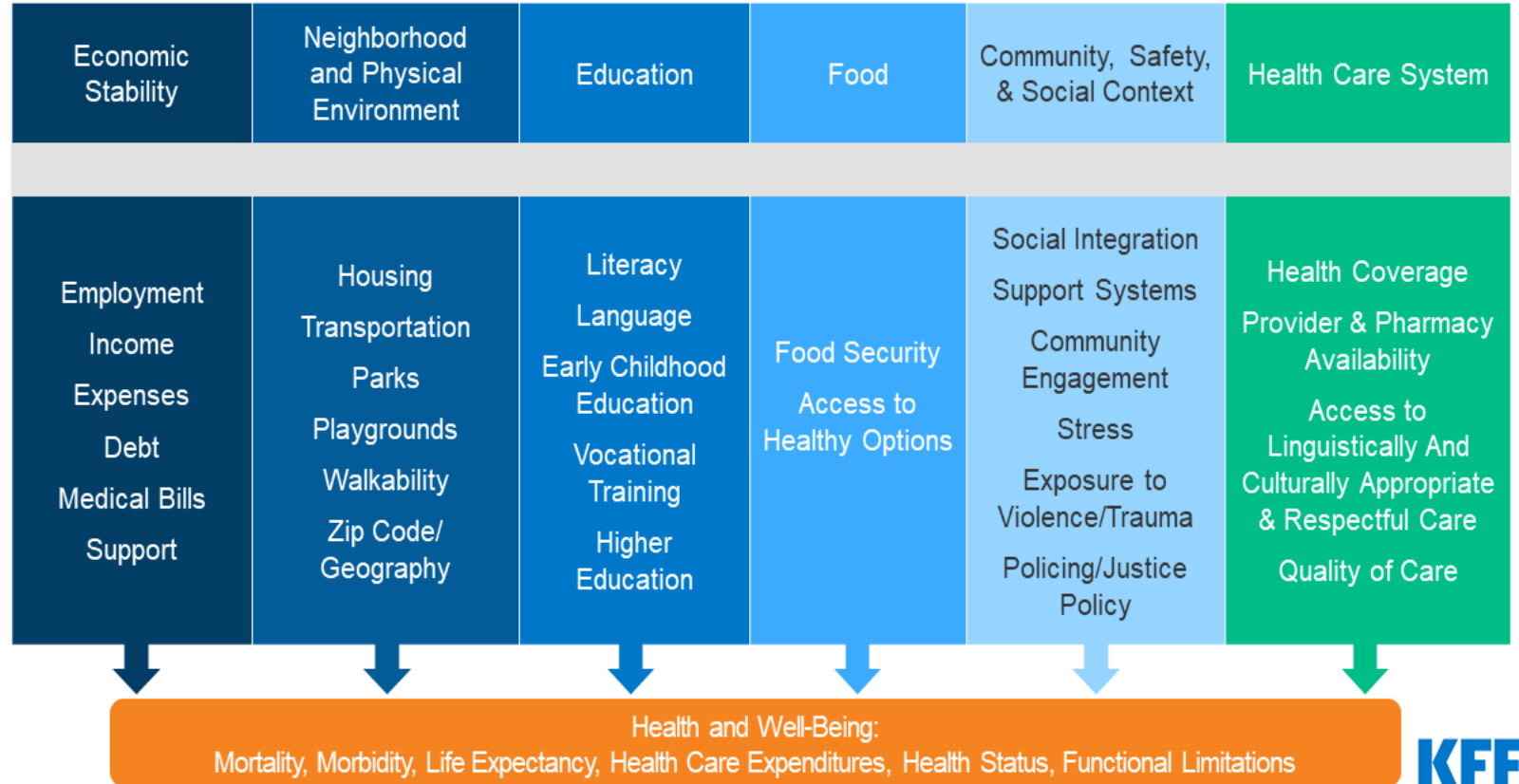
Eric Schneider, EVP, NCQA

Adam Myers, MD, Cleveland Clinic & BCBS

Sue Birch, ED Washing state Health Care Authority

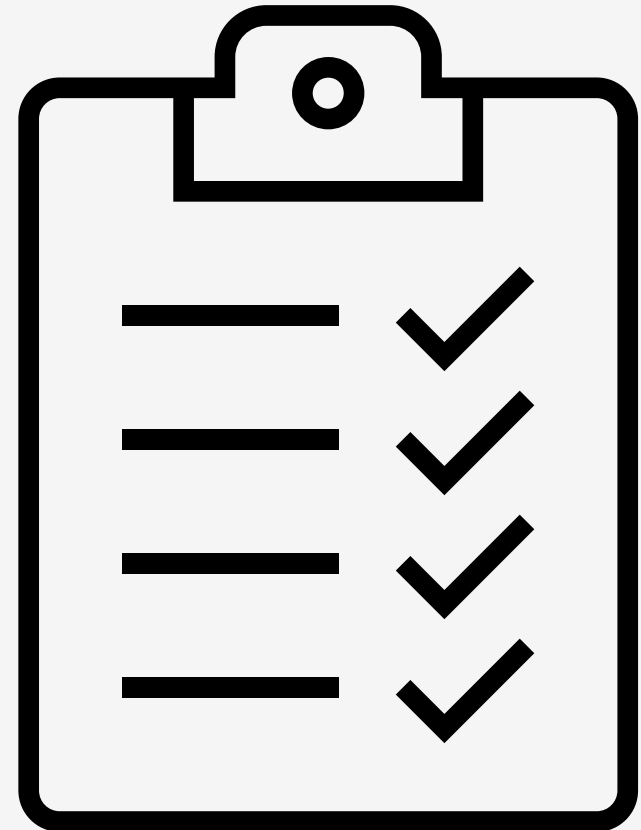
Debbie Welle-Powell, MPA

Social Determinants of Health



AGENDA

- Welcome and introduction of panelists
- Why is this topic important now
- Panelists presentations
- Who's doing this work well and what work are they doing
- Data reporting
- Questions and Answers



Objectives

- Understand the various role and responsibilities of the providers, health systems, payers and Public Health (Amendment 10 of Constitution).
- Who's doing it well. What work are they doing.
- How are they focusing on workforce, partnerships, funding.
- Where is the Employer and the Commercial market
- Explore strategies of funding for SDOH and the role of Community Benefit
- Questions and Answers

Differences Social Needs vs. SDoH

- Social Needs: are the non-clinical needs people identify as essential to their well-being. Screening for:
 - ✓ Financial stress, healthy food, food insecurity, access to transportation, housing stability
 - ✓ Personal safety, social connection
 - ✓ Access to technology and internet connection (Critical for virtual care)
 - ✓ Language and literacy skills
- Data collection: race, ethnicity, gender, sexual orientation, language, etc.

Social Determinants of Health

Social Determinants of Health



- Are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functions, and quality-of-life outcomes and risks
 - ✓ Economic stability and poverty
 - ✓ Education, job opportunities, and income
 - ✓ Health Care Access and quality
 - ✓ Racism, discrimination, and violence
 - ✓ Polluted air and water

Determinant	Description
Economic Stability and Poverty	Employment. Income. One in ten live in poverty. And many people can't afford things like food, housing, childcare.
Education	People with higher levels of education are more likely to be healthier and live longer. Increasing high school graduation rates, increase the proportion of 8 th graders with reading, early childhood education and school readiness.
Health Care System	Health coverage. Access to MD/RX. Reduce emergency visits. Increase number of patients who get recommended evidenced-based preventive health care, Increase well child visits. Increase screening lung cancer, cervical cancer, colon cancer. Improve maternal care.
Neighborhood & Physical Environ.	Housing. Transportation. Parks. Playgrounds. Reduce number of toxic pollutants into the environment. Reduce the number of days people are exposed to unhealthy air. Reduce crimes and violence. Increased the # of water systems have the recommended amount of fluoride,
Social and Community	Increasing interactions with family, friends and neighbors beneficial to increase health. Community Engagement. The proportion of children and adolescents who show challenges to resilience and stress. Increase the health literacy.

A photograph of a female doctor in a white lab coat and a teal stethoscope around her neck. She is looking down at a tablet computer she is holding in her hands. To her right, a male patient is visible in profile, wearing a blue hospital gown. The background is a bright, out-of-focus window. A semi-transparent blue horizontal band is overlaid across the middle of the image, containing the title text.

Social Drivers of Health: Role of Public Health, Health Systems, Health Plans

Eric C. Schneider, MD, FACP
Executive Vice President
April 12, 2024

Agenda

- Priorities for improving population health
- Authorities of public health
- Role of health plans and delivery systems
- Role of a quality standards organization
- NCQA equity initiatives

Priorities for Improving Population Health

➤ Health Outcomes

- Traditional and intermediate (mortality, morbidity, QALY, DALY, health status)
- Person-centered outcomes (goal achievement)

➤ Access to Care

- Availability, Timeliness

➤ Delivery of Effective Clinical Services

- Evidence-based care/cost effectiveness
- Safety/reliability

➤ Equity

- Reducing disparities and addressing unmet social needs

➤ Experience of Care

- Establishing communication and trust

Authorities of Public Health

- Delegated by the U.S. Constitution's 10th amendment
 - “The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.”
 - States retain policing powers that include public health authorities
 - Most public health activities are organized and carried out by state and local governments
- Federal public health authorities are circumscribed
 - Regulatory (FDA)
 - Non-regulatory (CDC and others)
 - Federal shaping of state and local public health through funding/defunding

Authorities of Public Health

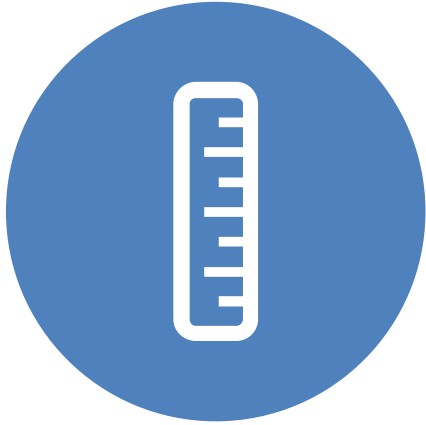
- Congress can support local public health authorities through statute
 - Creation of federal public health infrastructure
 - Establishment of federal public health agencies, programs, and services
 - Appropriation of funds for federal agencies' public health work or to aid states' public health work

- Example: Public Health Service Act Sec. 311 (a) authorizes cooperation between federal and state governments for enforcement of locally enacted policies (quarantines for communicable diseases, policing of sanitary threats, etc.)

Role of Health Plans and Delivery Systems

- Pay for and/or provide evidence-based services
 - Clinical and social services that optimize the health of individuals and reduce health inequities
- Manage health-related risks and financial risks
 - Link health risk assessment to health and financial forecasting
- Monitor quality, access, equity to guide improvement
 - Evidence-based performance measurement and reporting
- Responsible stewardship of resources
 - Consider budgetary constraints and optimal allocation

Role of a Quality Standards Organization



Measure

Health Outcomes
Access
Clinical Quality
Patient Experience
Equity



Accredit

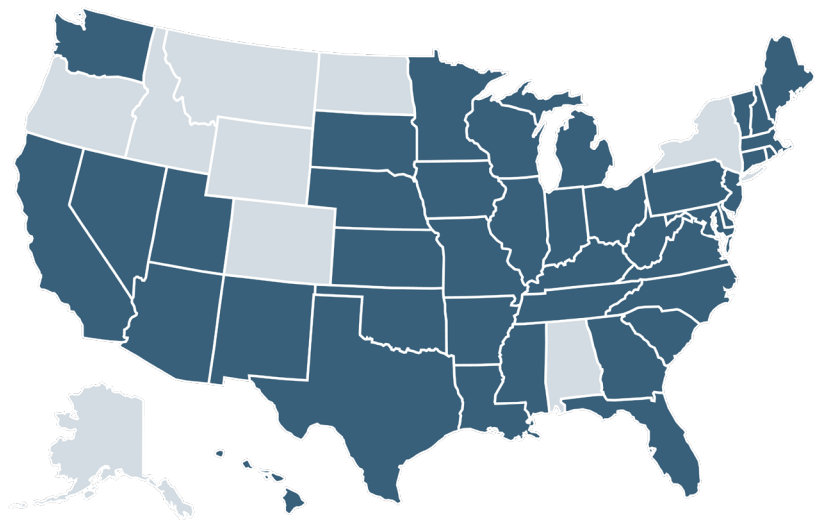
Health Plans
Accountable Care
Organizations



Recognize

Physician Practices
Specialized Care Models

NCQA is the largest accreditor of health plans



42 states
use or require NCQA Accreditation



178 million people (**73% of insured Americans**) are in plans
NCQA accredits



1,100+ health plans
are NCQA-Accredited

Enrollment in health insurance plans that measure and report quality using HEDIS

203 million

61% of population

Healthcare Effectiveness Data and Information Set (HEDIS)
shines a light on health plans' quality



In 2022 the Medicare program evaluated over 500 quality measures and selected a “Universal Foundation” of 72 measures for alignment across programs



The NEW ENGLAND
JOURNAL of MEDICINE

Perspective February 1, 2023
DOI: 10.1056/NEJmp2215539

Aligning Quality Measures across CMS — The Universal Foundation

Douglas B. Jacobs, M.D., M.P.H., Michelle Schreiber, M.D., Meena Seshamani, M.D., Ph.D., Daniel Tsai, B.A., Elizabeth Fowler, Ph.D., J.D., and Lee A. Fleisher, M.D.

The quality-measurement movement began more than 20 years ago and has resulted in transparent quality-performance information, accountability, and improvements. At the same

time, proliferation of quality measures has caused confusion, increased reporting burden, and misalignment of approaches for clinical scenarios. The

drive quality improvement and care transformation will catalyze efforts in this area. Since there is tension between measuring all important aspects of

zations. Each of these programs has its own set of quality measures; entities report on and are held accountable for their performance on various measures. Although some of these measures are consistent across our programs, many are not. Insurers often use the same quality measures as CMS (such as the Medicare Part C and D star ratings or plan level

70% of CMS’s Universal Foundation are HEDIS measures

Major quality problem in U.S.: Inequitable Care

EXHIBIT 6

Health Care System Performance Scores: Equity



Note: To normalize performance scores across countries, each score is the calculated standard deviation from a 10-country average that excludes the US. See How We Conducted This Study for more detail.
Data: Commonwealth Fund analysis.

To Improve Health Outcomes, Address Unmet Social Needs

The Argument for Health Care Intervention



40 to 55% of health outcomes attributable to social determinants of health *outside* the traditional health care system

Black and Native American infant mortality rates 2x higher than White infants (Artiga, 2019)

Hispanic individuals 60% more likely to die from viral hepatitis than White individuals, despite lower rates of Hepatitis C (OMH, 2020).

Black, Native American and Native Hawaiian individuals receive worse care than White individuals on 4 out of 10 health care access measures (AHRQ, 2019).

From 2003 -2006, total cost of health inequities and premature death estimated at \$1.24 trillion (APHA, 2019)

In one Medicaid program, 43% of diabetes cost (\$225M) avoidable if racial & economic disparities addressed (Buescher, 2010)

NCQA's Health Equity Accreditation Plus



3-Year Standards-based program



Builds on NCQA's Health Equity Accreditation (its prerequisite).



Designed for organizations progressing to the next step of their health equity journey.



Focused on partnering with community-based organizations and cross-sector partners to address social needs of individuals served and mitigate social risks of the community.



Addressing Health Equity *through Measurement*

Equity in HEDIS



- **Bring transparency** to inequities in health care quality.
- **Promote inclusive approaches** to measurement and accountability.
- **Address social risks** to improve health outcomes.
- **Incentivize equity** with benchmarks and performance scoring.

Social Need Screening and Intervention	Sexual Orientation & Gender Identity
Social Connection	Disability <i>(Anticipated 2024)</i>
Race and Ethnicity Stratification	

Incentivize Equity

Bridging Measures and Programs



Health Plan Ratings

- “Race and Ethnicity Diversity of Membership” added and scored for data completeness beginning in 2023

Health Equity Accreditation

- Required reporting of the HEDIS MY 2022 measures stratified by Race/Ethnicity
- Required collection of sexual orientation & gender identity data (18 and older)





NCQA

Measuring quality.
Improving health care.

www.ncqa.org

Adam L. Myers, MD, MCHM

Healthcare System Performance Rankings

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING	2	9	10	8	3	4	4	6	6	1	11
Care Process	2	6	9	8	4	3	10	11	7	1	5
Access	4	10	9	2	1	7	5	6	8	3	11
Administrative Efficiency	1	6	11	6	9	2	4	5	8	3	10
Equity	7	9	10	6	2	8	5	3	4	1	11
Health Care Outcomes	1	9	5	8	6	7	3	2	4	10	11

E. C. Schneider, D. O. Sarnak, D. Squires, A. Shah, and M. M. Doty, *Mirror, Mirror: How the U.S. Health Care System Compares Internationally at a Time of Radical Change*, The Commonwealth Fund, July 2017.



The
COMMONWEALTH
FUND

Healthcare in the United States

- The most expensive.
- The lowest overall value ranking.
- The percent of GDP from our aggregate spend on social and health care matches other countries
- We spend downstream



Core tenets...

- What gets paid for tends to occur
- What gets paid for more liberally, tends to occur more often



Core tenets

- Partnership—we cannot do this alone...yet we alone can do our part.
- This will look different in different regions
- Start where you are
- Balance urgency and patience



What do we value?

- What we pay for speaks volumes about what we value as outcomes
- Lean into value-based payments to empower “values” based care



Our approach at Cleveland Clinic

- Heal, Hire, Invest
 - Care in communities, transportation
 - Literacy, legal aid, internships
 - Meyer, Evergreen Coop, Broadband, Lead
 - All through partnership...example of faith-based orgs
 - Example of health dept collaboration



Our approach at Cleveland Clinic

- Team based care empowered by payment change
 - Pop health MA, BHSW, Pharm, CHW
 - Unite Us
 - Risk assessment → panel management



Our approach at the “Blues”

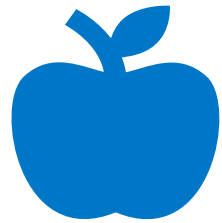
- National Advisory Panel on Health Equity
- Bake the principles of HE and SDOH into Blue Distinction Program
- Advocacy for national Data standards
- Top 10 Maternal Health interventions
- Blue Cross of Massachusetts: Equity Action Community

Our approach at the “Blues”

- Enter into creative payment arrangements with providers to encourage care model change...example: Christianacare



Washington State Health Care Authority



We purchase health care for nearly 3 million Washington residents through:

Apple Health (Medicaid)

The Public Employees Benefits Board (PEBB) Program

The School Employees Benefits Board (SEBB) Program



The state's largest
health care
purchaser



Access to statewide
community behavioral
health care & crisis services

Washington State's role
in addressing social
determinants of health

Leadership & coordination

Incentivizing

Incentivizing, enforcing, overseeing social determinant of health activities

Encouraging

Encouraging partners where we don't have direct authority

Building

Building social determinants of health at the outset of system design

Thinking

Thinking in terms of "health-related social needs"

Using

Using our influence to advance other areas of the health system (policy, delivery, community-based, etc.)

Medicaid Transformation Project (MTP)

MTP 2.0

The Medicaid Transformation Project (MTP) is Washington State's Section 1115 Medicaid demonstration waiver. MTP allows our state to create and continue to develop projects, activities, and services that improve Washington's health care system.

All MTP programs support Apple Health (Medicaid) enrollees.

In June 2023, the federal government approved MTP to continue for an additional five years. We call the MTP renewal “MTP 2.0,” which will help widen our reach to provide more programs, services, and supports to our most vulnerable populations.



IMD stands for “institution for mental diseases.” IMDs are hospitals, nursing facilities, or other institutions of more than 16 beds that are primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, which includes SUD.

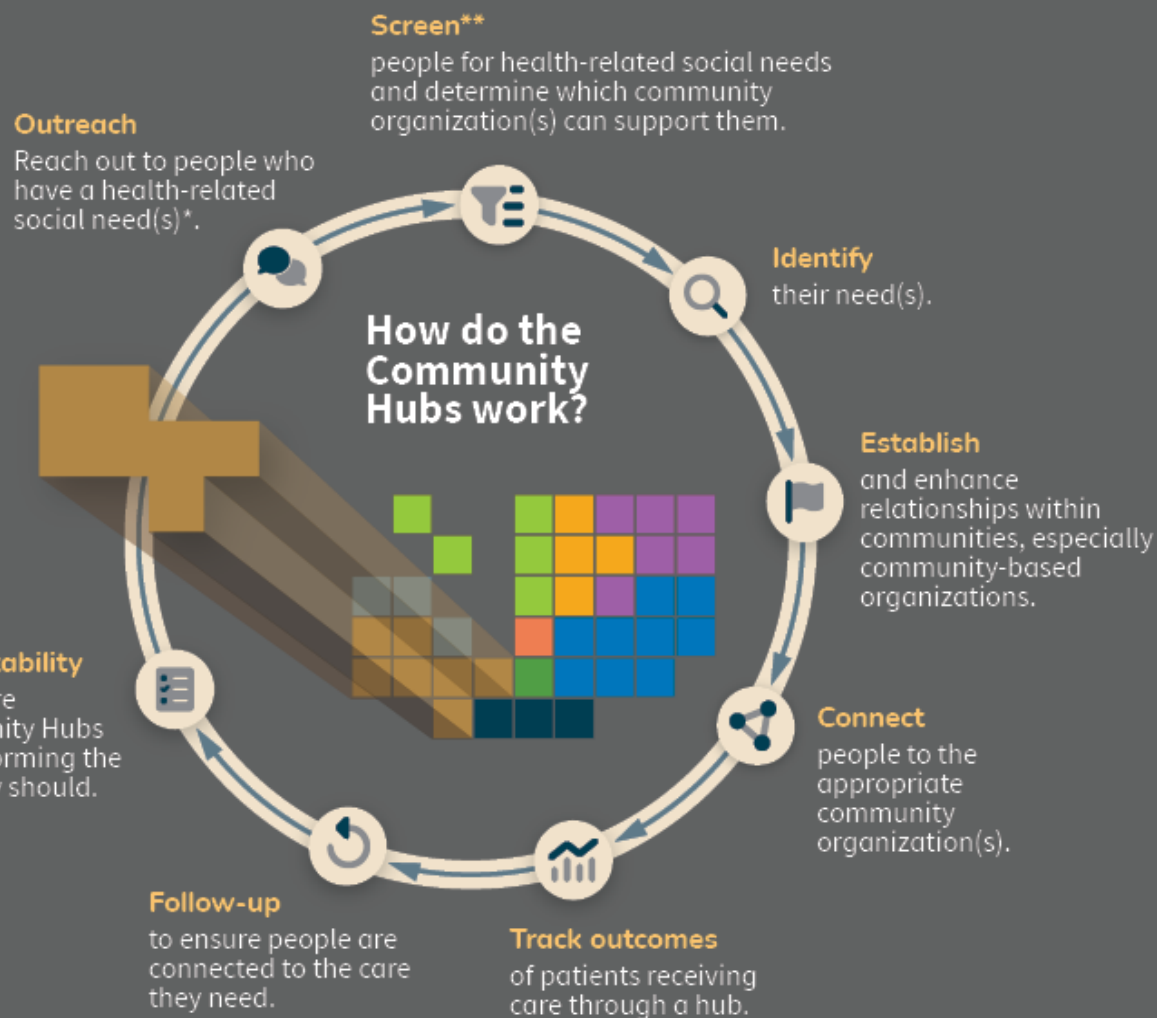
We acknowledge the term “mental disease” may be harmful or stigmatizing. We use it in this context only to reflect the legal terminology used in statute.

Community Hubs

Accountable Communities of Health & Community Hubs

There are nine Accountable Communities of Health (ACHs) in Washington, each of which supports a specific region or county. Together, ACHs cover all areas of the state. **Each ACH will manage a Community Hub**, which entails engaging with communities to determine people's needs and then connecting people to services to meet those needs.

- Choice
- Thriving Together North Central Washington
- HealthierHere
- Better Health Together
- Greater Health Now
- North Sound ACH
- Elevate Health
- Olympic Community of Health
- SWACH



* Health-related social needs are a person's unmet social needs that can lead to or cause poor health outcomes. Some needs include unstable housing, homelessness, and nutrition insecurity.

** Community Hubs will screen only if the person hasn't been screened before.

Better technology for a healthier Washington

Integrated Eligibility & Enrollment (IEE)

Master Person Index (MPI)

Community Information Exchange (CIE)

Electronic Health Record (EHR)

Electronic Consent Management (ECM)

988 Suicide & Crisis Lifeline

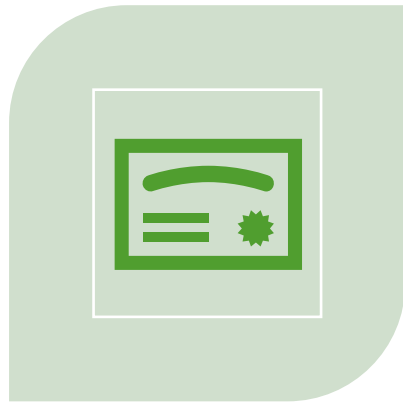
Integration/Interoperability Layer

Automated Data Acquisition and Management

Fast Healthcare Interoperability Resources (FHIR)



Holding plans accountable



Accreditation



Value-based payment
models



Health equity

Apple Health coverage offers support to maintain housing and employment



Continuing
to do what
works



Contact information

Sue Birch - sue.birch@hca.wa.gov

360-725-2104



hca.wa.gov

@WAHealthCareAuthority

@WaHCADirector

Area	Provider/Health System	Payer/Purchaser/ Employer	Public Health	Foundations Churches/Other
Economic Stability and Poverty	x	x	x	x
Education	x			x
Health Care Access	x			x
Neighbors	x			x
Social and Community	x	x	x	x



