

# EOHHS Health System Transformation Project

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Social Determinants of Health Investment Strategy  
Presentation to the CTC Board | August 28, 2020



# Background/Overview

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- HSTP budgeted ~\$3.5M to invest in “social determinants of health”
- While the Accountable Entity program includes some requirements around the social determinants and had invested in ad hoc initiatives, EOHHS determined that a more cohesive strategy was needed
- To this end, EOHHS developed a vision and has proposed a set of investments and activities meant to improve Medicaid members’ social needs and the factors that have measurable impact on health outcomes
- EOHHS is now soliciting public input on this proposal



# Strategy Development included a literature review, assessment of the current landscape, and interviews subject matter experts

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- Reviewed literature on other state and organization approaches to integrating work on social determinants of health and health care
- Examined data from AE and community-based organization needs assessments
- Reviewed AE Project Plans and existing relationships with CBOs
- Conducted 14 key informant interviews and two requirement sessions on community referral platforms

“You cannot build partnerships if people don’t feel like they are moving in the same direction.” – Academic researcher

“There is value in having standards and consistency.” – Health care provider

“Decisions around distribution of resources should include members of the community.” – RI non-profit

“Finding common language around success measures is critical.” - CBO

“Do not force the culture of healthcare system into CBOs.” - CBO

“We need to dismantle systems that are institutionally racist.” – RI non-profit

“You need enabling infrastructure to help people get to know one another and begin to collaborate.” – National non-profit

“Downstream action will not see an ROI if you don’t do something to solve the underlying challenges.” – National non-profit



# Key themes and areas of tension emerged from CBO survey and key informant interviews

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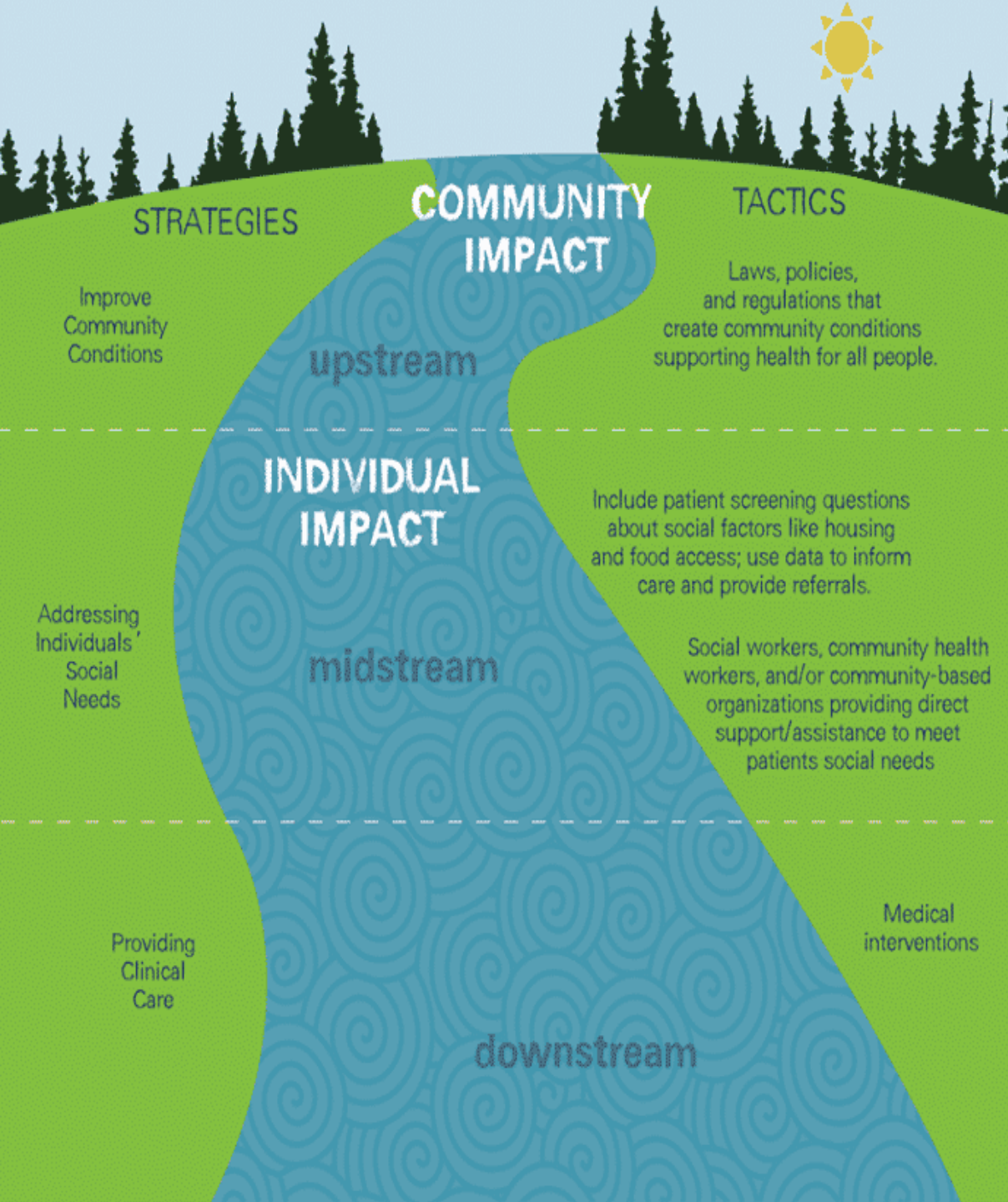
- Equity/racial justice has to be at the center of the Strategy
- An SDOH Strategy must pursue dual goals:
  - Support AE-CBO coordination to address individual risks/needs AND
  - Support health system engagement in community-led processes to address underlying disparities/determinants
- Shared goals, language, and trust are critical to effective relationships among medical and community-based organizations, but may not always be present at this time, and it is important to address power imbalances
- Resource constraints are a major potential impediment to engagement
- We must listen to those with lived experience
- We should not over-engineer this strategy or create new administrative burdens
- This is a long-term endeavor; our role is to create conditions to put everyone on a path to success

Emphasis on mid-stream vs upstream

Metrics to evaluate performance vs risk of medicalizing CBO services

Standardization vs Flexibility





# “Stream” Framework

Distinguishes three levels for intervention:

## 1. Upstream

- Systemic, community level
- “Social Determinants of Health”

## 2. Midstream

- Individual, household level
- “Health Related Social Needs”

## 3. Downstream

- Clinical care



# EOHHS' Vision for Social Determinants of Health is Two-Fold

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Our investments and initiatives are intended to:

Facilitate the coordination between healthcare providers and community-based organizations so that both parties are well-equipped to collaboratively address individual health-related social needs

AND

Actively engage health system participants in community-led processes focused on addressing upstream social determinants of health and inequities



# EOHHS proposes to support SDOH work with investment in enabling infrastructure, facilitation across sectors, and community investment

## Participatory Budgeting

Fund a democratic budgeting process to invest in communities.

## AE participation in HEZ

Support AE participation in community-led action on community-specific needs, resources, and disparities.

## Support practice/organization change with Rhode to Equity

Expand access to RIDOH's Health Equity Challenge, providing additional funds for coaching/technical assistance for AEs/CBOs to implement changes that address upstream and midstream SDOH and health equity.

## IT Systems to support coordination

Purchase an e-referral system and work closely with all users to help them get the most out of the system, including through common referral standards.

## Sustain Community Health Teams

Sustain existing network of CHTs and support closer alignment with AEs, HEZ and HSTP investments.



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# EOHHS/RIDOH propose a modified Health Equity Challenge, which will enable all six AEs to participate on a Health Equity Challenge team.

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## **Each team will include at least:**

- An AE (including both AE leadership *and* a local practice);
- A Health Equity Zone;
- A Community Health Team; and
- A community member with lived experience

## **Teams will receive:**

- Facilitation and coaching through a Learning Collaborative structure.
- Limited financial support will be available to support organizations and individuals in spending time engaging in the Learning Collaborative.

## **Teams will identify:**

- Health outcomes on which to focus (e.g., diabetes in the current model)
- Social needs/ risk factors that they will address in order to improve the focal health outcome



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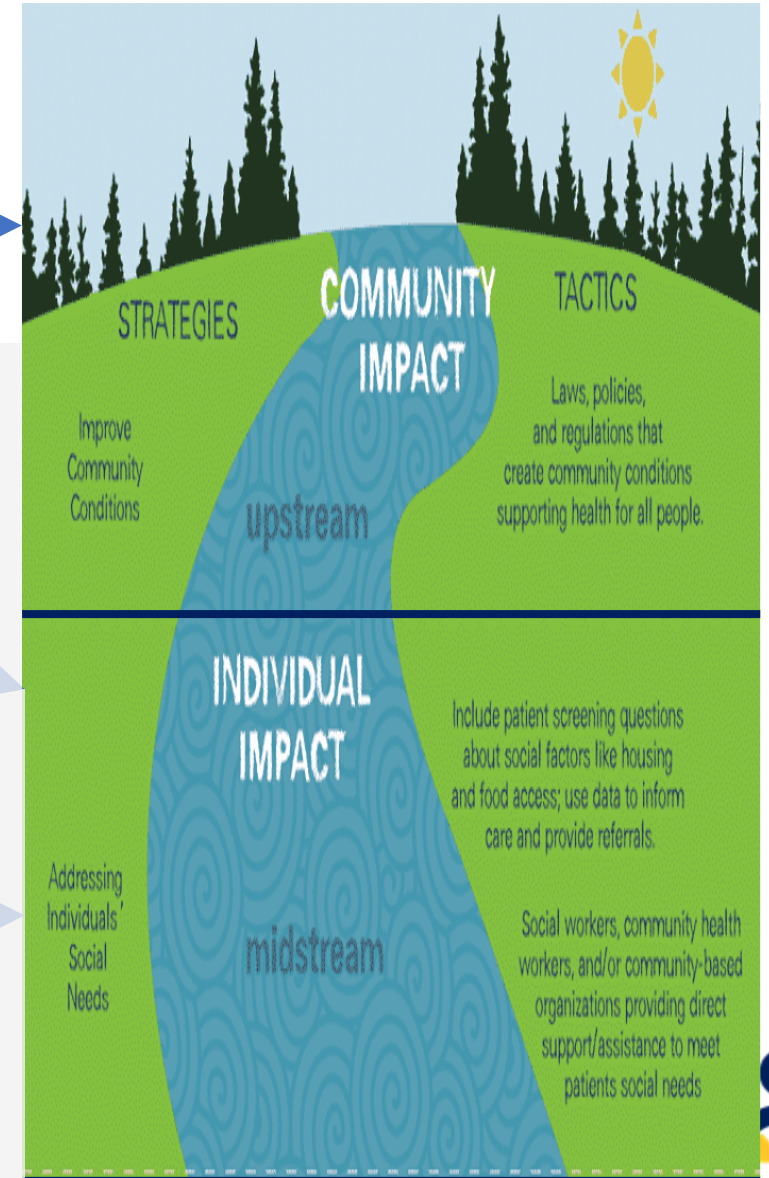
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# EOHHS intends to support a Participatory Budgeting process to allow a portion of HSTP funds to be invested by our communities

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- **Participatory Budgeting (PB)** is a democratic process in which a government agency funds a facilitator, who assists members of the community to lead and decide how to spend part of a public budget. PB provides community members with true decision-making power over real money.
- EOHHS is exploring ways to address the racial inequities that exist in our society; PB allows EOHHS to ensure there is diverse representation within the decision-making process.
- It is intended that the PB funds be focused towards investments that have an impact on the SDOH that are more upstream.
- Amount of HSTP funds and exact timeline is TBD



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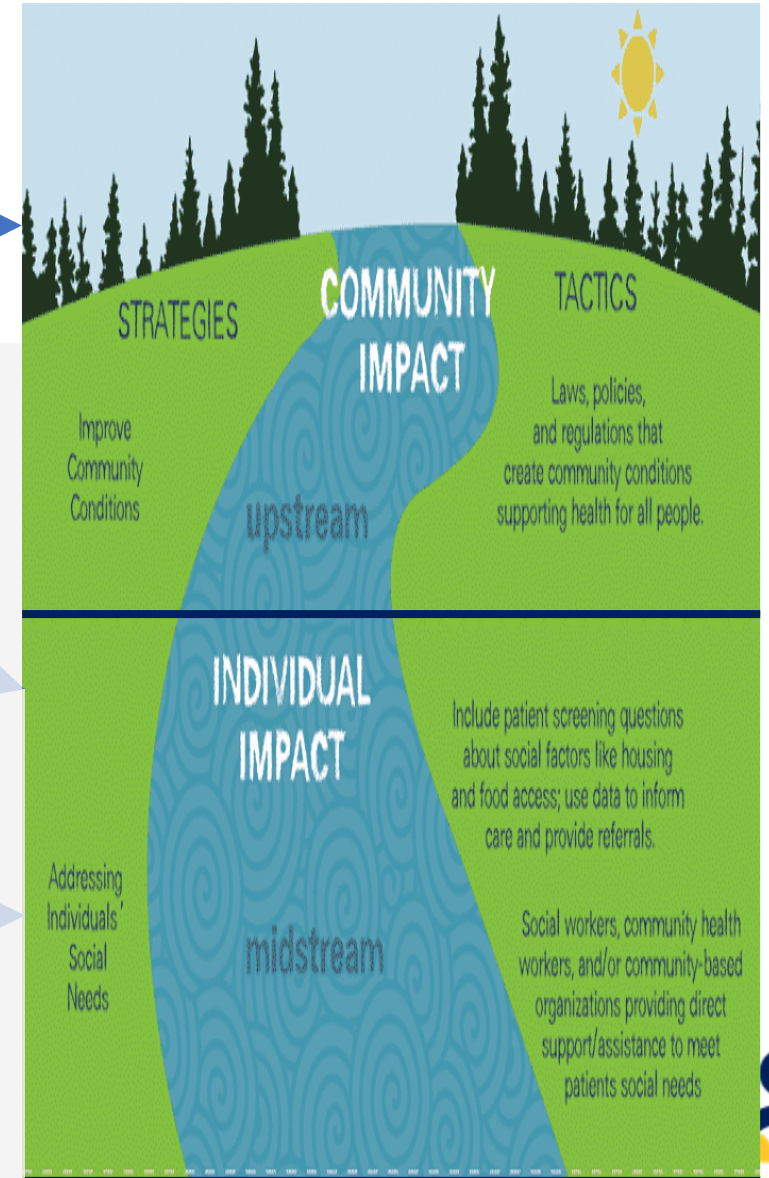
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# EOHHS and RIDOH will create a path for stronger AE participation in Health Equity Zones

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- EOHHS recognizes the immense value of the HEZ infrastructure to support community-led identification of health needs and drivers of inequity, build community-based coalitions and governance structures, and develop community-specific action plans to address upstream determinants of health and close disparities.
- EOHHS will support meaningful partnership between AEs and HEZs – such that the AE can be an active participant within this community-led structure and not be held “responsible” for fixing everything. Such partnerships will recognize that all participants are unique and bring assets/value to the table.
- EOHHS and RIDOH will evaluate opportunities to support AE-HEZ partnerships, including:
  - A GIS analysis to understand the geographic overlap between AE attributed patients and HEZ, to facilitate establishment of geographically meaningful partnerships;
  - Provisions in the PY4 AE requirements and HEZ programming to support meaningful AE participation in HEZ

Recognizing that all AEs, HEZs, and communities are unique – how do we support this partnership?



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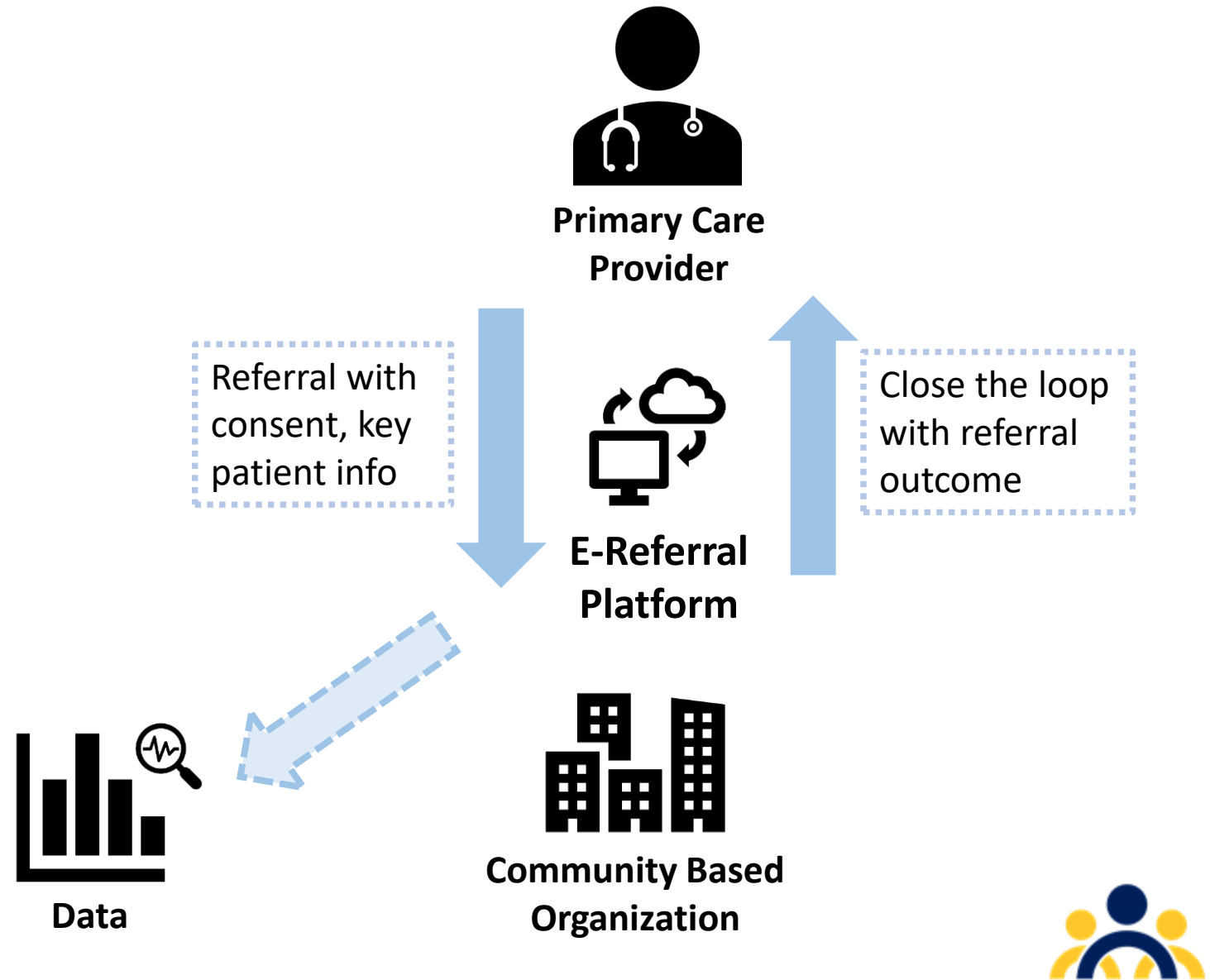
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# E-Referral Platform Goals

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1. Improve coordination between Community Based and Healthcare Organizations, with members'/patients'/clients' consent
2. Improve standardized data capture, data sharing, and data use



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# Community Health Teams

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Continue to **sustain the existing network of CHTs** with HSTP funds, making administrative changes to promote closer alignment with AE operations

- Extend existing contract through 6/30/21
- Integrate into AE Program for PY4 and remainder of HSTP program

## **Pursue long-term sustainability**

- Consider seeking authority to make CHW services a covered Medicaid benefit
- Streamline service provision and support best practice sharing for CHWs across the system
- Maximize Medicaid billing for BH services
- Work with AEs, OHIC, payers, and others to develop a sustainable payment model
  - Acknowledging that one size does not fit all



# HSTP Social Determinants of Health Investment Strategy: Next Steps

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EOHHS has published a draft narrative describing our vision and proposed strategy in more detail, which can be found on the EOHHS website:

<http://www.eohhs.ri.gov/Initiatives/AccountableEntities/ResourceDocuments.aspx>

The deadline for public comment is September 16, 2020.

Comments can be directed to Amy Katzen: [Amy.Katzen.ctr@ohhs.ri.gov](mailto:Amy.Katzen.ctr@ohhs.ri.gov)

