Putting a Business Model Around Addressing Social Determinants

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State of Reform 2018
We are a local Health Plan with long-established ties to communities throughout the State and well-equipped to facilitate and coordinate with local resources on behalf of our members.

As a not-for-profit company, we make decisions that are motivated by the best interests of our members and providers within the State of Washington. We are governed by community organizations (Community Health Centers) that are in turn governed by consumers.

The health of our members is our primary concern. Our programs are designed to proactively identify and address the behavioral, social, and medical needs of our members and to recognize the whole person’s needs.

The vision of CHPW Health Services is to provide services that impact the health and well-being of our members, both directly and through our valued partnerships with community-based providers. We meet this challenge by identifying and addressing needs that impact the health of our members both within the clinical setting and beyond.
## Social Determinants Impact Health Outcomes

### Social Determinants of Health

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<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
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<td>Housing</td>
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<td>Access to healthy options</td>
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<td>Early childhood education</td>
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<td>Support</td>
<td>Walkability</td>
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**Health Outcomes**
- Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
Business Case for Addressing Social Determinants

**Improve Health Outcomes**

“Evidence suggests that health care’s proportional contribution to premature death is only approximately 10 percent, with the remainder due to multiple, non-medical determinants: behaviors (40 percent); genetic predisposition (30 percent); social circumstances such as employment, housing, transportation, and poverty (15 percent); and environmental exposure (5 percent).”


**Lower Costs**

“The economic burden of these health disparities in the US is projected to increase to $126 billion in 2020 and to $353 billion in 2050 if the disparities remain unchanged. A 2009 analysis by the Urban Institute projected that, between 2009 and 2018, racial disparities in health will cost US health insurers approximately $337 billion, including $220 billion for Medicare due to higher rates of chronic diseases among African Americans and Hispanics and the aging of the population.”

Washington Example

Washington has the 3\textsuperscript{rd} highest rate of homelessness (29 people per 10,000) in the nation. National average is 17 people per 10,000.

Source: Washington State Homeless Data 2017

**WASHINGTON**

29 in every 10,000 people were experiencing homelessness

- +1.4% change from 2016
- -7.7% change from 2010

Total Homeless, 2017
21,112

**Estimates of Homelessness**

- 14,781 individuals
- 6,331 people in families with children
- 2,135 unaccompanied homeless youth
- 2,093 veterans
- 4,357 chronically homeless individuals
2017 CHPW HRA Question Response by Membership

- Safe Housing Needs
- Homeless Indicator (claims and HRA)
- Safe child care
- Interpreter services at the clinic
- Do you have at least two meals a day? (A: No)

Options:
- Medicare
- Medicaid Other
- Medicaid Blind and Disabled
- Total Membership

Responses:
- Do you have at least two meals a day?
  - (A: No)
CHPW Plan Role and Initiatives

• Whole-Person Focus: broaden member programs beyond medical/BH needs to include social determinant of health factors

• Proactive Identification of Need: social determinants used in screening and analytic tools

• Broader Teams and Programs: dedicated Care Coordination and Community Linkages (CCCL) team includes social workers, peer counselors and focuses

• Community Investment and Bridging: community pilots, delegation and clinic/community based care coordination
Measuring Value of Social Determinant Programs

“There is a need for more precise measures and comparability between studies of health determinants to bolster the evidence regarding the relative contribution and importance of various determinants in the production of health.”


Look beyond traditional “ROI” calculations to show value and impact:
• Program design with reasonable investment and time spent planning
• Innovation balanced with practical use of resources
• Processes that enable consolidation and bridging and that can scale – promoting efficiency as well as effectiveness
• Measure engagement and impact
• Evaluate and research how to maintain sustained change
• Be willing to identify what doesn’t work and change
• Are there relative values or predictable components of social determinants?
• Integrate across needs/services and with health plan programs