Developmental measure related to social determinants of health/social needs

Presentation to the Metrics & Scoring Committee, August 16, 2019

Chris DeMars, Transformation Center Director

Amanda Peden, Transformation Analyst

Oregon Health Authority

Presentation outline

- Purpose of presentation
- Definitions: Social Determinants of Health (SDOH) vs. Health-Related Social Needs (HRSN)
- Brief history: SDOH/HRSN measurement at Metrics & Scoring Committee
- Progress to date and next steps
- SDOH/HRSN measurement – proposed direction
- HRSN screening measure considerations
- Direction from the committee on focus for the measure development

10

Purpose of today's presentation

- Establish shared understanding of "social determinants of health" versus individual "health-related social needs"
- Provide update on progress to date
- Confirm direction for developmental measure as "HRSN screening"

History

- **2015:** Metrics & Scoring Committee begins considering measurement around SDOH, which resulted in development of a clinic-level food insecurity screening measure (not adopted)
- **Late 2018/early 2019:** Metrics & Scoring and Health Plan Quality Metrics Committees endorsed development of broader, plan-level SDOH measure (to include, but not be limited to, food insecurity)
- **September 2017:** Governor Brown directs CCO 2.0 to include broad goals and requirements for CCOs related to SDOH and health equity
- **June 2019:** Letter from Governor Brown called for the incentive program to include transformational measures aligned with CCO 2.0 goals

12

Social determinants of health vs. social needs

Social determinants of health: the social, economic and environmental conditions in which people are born, grow, work, live and age, shaped by the distribution of money, power and resources at local, national and global levels, institutional bias, discrimination, racism and other factors. Examples: housing availability/quality, access to healthy foods, income

Health-related social needs: the social and economic barriers to an individual's health. Examples: housing instability, food insecurity

OHA planning team: progress to date

- OHA developed an internal planning team
  - Chris DeMars, Transformation Center Director, Executive Sponsor
  - Staff representation: Health Analytics, Transformation Center, Office of Equity and Inclusion, Public Health Division
- Members of the planning team have engaged in two technical assistance opportunities with State Health & Value Strategies/RWJF (SHVS) and Bailit Health
  - SDOH Screening Measures Convening: Jan-April, 2019 (RI, MA, OR)
  - Medicaid Managed Care and SDOH Workgroup: June 2019-June 2020 (AZ, DC, HI, IN, MA, NY, OR, RI, TN)
- OHA plans to launch a public workgroup to develop and recommend the measure

14

Measure development timeline

2019

Planning, workgroup recruitment

2020

Measure development and proposal

2021/2022

Measure piloting/testing

2022/2023

Measure ready for implementation

15

Policy direction and key milestones

Policy direction (2020-2024)

- **CCO 2.0** – new expectations for CCOs around SDOH and health equity, including efforts to address individual health-related social needs, and increased expectations related to health equity infrastructure
- **State Health Improvement Plan 2020-2024** – priorities related to SDOH

June–Aug. 2019

Planning team: literature review, committee planning, refining external workgroup scope, developed funding proposal

Today: direction from M&S

Sep.–Dec. 2019

Planning team: develop workgroup charter, recruit wg members, compile research

Identify consultants (pending funding)

Jan.–Oct. 2020

Workgroup develops measurement proposal for presentation to M&S

16

SDOH/HRSN measurement direction

- Proposal is to focus on identifying/addressing individual health-related social needs through screening
  - Identified limited alternative process and outcome measures to assess social needs or SDOH, particularly any currently in use
  - Alignment with prior Metrics & Scoring selection of food insecurity screening
  - Screening/measurement growing in other states, at least 3 states (RI, MA, NC) have screening measures
  - Various Oregon efforts to screen and refer (see next slide)
- **HRSN social needs screening:** could measure completion and/or reporting of data for social needs screening; may include referral data

17

Parallel state efforts related to screening & referral

- **PCPCH Standards Advisory Committee** – considering new health-related social needs screening standard
- **Oregon Community Information Exchange** – developing roadmap for statewide resource and referral technology
  - Other local/regional efforts in resource and referral systems, e.g. Kaiser's THRIVE Local
- **Accountable Health Communities:** Federal effort with Oregon grantee testing health-related social needs screening, referral, and community navigation services
- **Various screening efforts and tools in place at the local level, e.g. PRAPARE**

18

What can a screening measure achieve?

- Encourages CCOs and/or providers to conduct social needs screenings
- Screening establishes a pathway for other CCO/provider actions:
  - Awareness of social needs at CCO/provider level, knowledge incorporated into care plans
  - Increase in referrals and/or other actions to address social needs
  - Aggregation of data to prioritize plan/provider-level social needs or SDOH initiatives
- Depending on measure design, data may serve other purposes, e.g.
  - Risk stratification
  - Risk adjustment

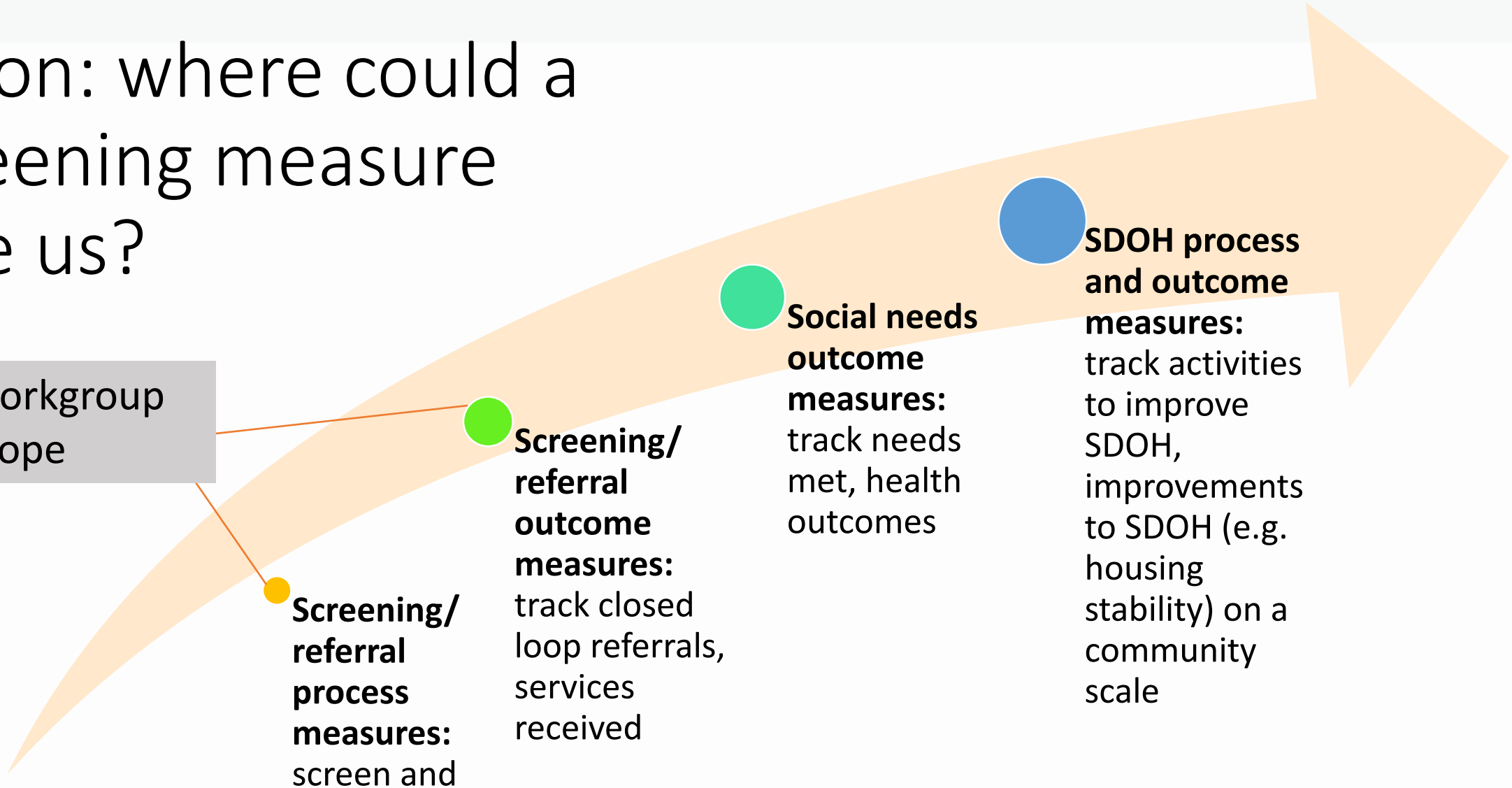
19

Key considerations for developing a screening process measure

1. Denominator definition
2. Specify or approve the tool
3. Domain requirements (if tool not specified)
4. Screening level – plan vs. provider
5. Homegrown measure vs. “steal” from another state
6. Possible unintended consequences for providers/patients and prevention
7. Screen by individual or by household
8. Setting of the screening
9. Data collection method
10. Calculation of the rate

20

Vision: where could a screening measure take us?



21

Formal direction from committee

- Confirmation that workgroup focus on HRSN screening matches Metrics & Scoring Committee expectations

22