

Metrics and Scoring Committee
Attn: Amit Shah, Chair
Oregon Health Authority
421 SW Oak Street
Portland, OR. 97204

Re: Social Needs Screening Measurement Concept

February 17, 2021

Sent via email to: metrics.questions@dhsoha.state.or.us

Dear Members of the Metrics and Scoring Committee:

On behalf of Project Access NOW (PANOW), I write to express gratitude for your consideration of the social needs screening metric concept. PANOW is a non-profit in the tri-county area with a mission to improve our communities' health and well-being by creating access to care, services, and resources for those most in need. Through funding and donated time from health system partners, we are able to offer a suite of programs promoting access to care and social services, regardless of an individual's insurance status or type. Across all programs, our clients are largely low-income, from immigrant populations, non English-speaking, and/or undocumented. Last year:

- We moved more than **200 clients from donated care to insurance**, creating capacity for others who need donated care and those who do not qualify for health insurance.
- We **filled 17,118 low-cost prescriptions**, totaling \$2,705,778 in savings for low-income patients.
- We paid \$963,098 in medical premiums, **insuring 737 individuals from 550 households**.
- We **enrolled 7,556 individuals in health coverage** and provided 4,919 instances of health care system navigation assistance (representing about 5,764 people when accounting for their dependents and families).
- We responded to **19,543 requests from the health systems for navigation assistance**, aiding 10,902 clients in getting access to basic services such as emergency housing, transportation, and food.

Since the COVID-19 pandemic hit in spring 2020, PANOW has continued to be at the frontlines of an evolving response. As an organization that works with multiple Oregon health care providers, we are a key point of connection between medical providers, community members, government agencies, health care insurers, and others to identify and fill gaps in service and care. Over the past year, we helped distribute \$1.1 million in federal COVID-19 relief funds directly to the community during the pandemic and have been a critical access point for information about the virus, especially for underserved communities.

We understand the impact social factors have on health outcomes and engage in mitigating these barriers for our clients on a daily basis. We translate and communicate data back to the health system partners including our regional CCOs, and in as much as are **supportive of the measure concept before you**.

As a state, we must start somewhere in incentivizing health system allocation of dollars for non-medical needs if we are to move the dial on health outcomes. That said, the **referral pathway that leads a patient to become a client with a social service agency needs to remain part of the vision or glide path for this metric.** We cannot stop at screening. And once a referral occurs, the burden of effort often lies with the community-based entities and non-profits; organizations that – from a systems perspective – are relatively unfunded. Soon CCOs can and should be encouraged to support their community based organization partners – who act on referrals – through the allocation of this particular incentive quality metric.

CBOs often have strong relationships in the community and have developed culturally responsive tools to understand their clients' needs. **We encourage support of existing screening mechanisms and/or adoption of culturally responsive tools** that may have worked outside of the health system to minimize trauma and harm.

Finally, we support the domains of focus as those impact our communities most greatly: housing, food and transportation. But we also know these factors are felt most heavily in Communities of Color. **We encourage alignment with state-level REALD efforts to support stratification of social needs data by race/ethnicity as soon as possible.** It is with this data, after all, that we will be able to drive significant policy change.

We are excited at the step in the process and look forward to continuing to be a partner to our clinical counterparts in piloting measure specifications.

Thank you,



Carly Hood-Ronick MPA, MPH
Executive Director

Cc:

Sara Kleinschmit, OHA Policy Advisor, Health Policy and Analytics Division