Café Connect: Health & Social Care Integration: Sustainable Partnerships

Social Determinants of Health (SDOH) Social Needs Screening & Referral Measure

October 24, 2023

Oregon Health Authority

ORPRN
Oregon Rural Practice-Based Research Network

OHSU

Measure Contacts

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Upcoming Technical Assistance (TA) Opportunities

Café Connect Event Series

Audience: CCOs, CBOs, & providers

- Hear from experts in the field
- Opportunity for CCOs, CBOs, and providers to engage in dialogue

Upcoming Topic: (Jan 23)
Payment Arrangements for Social Needs Screening and Referral – **Register Here**

Bi-Monthly Office Hours

Audience: CCO Measure Leads

- Talk through questions with TA providers and other CCOs
- Structured resources on a specific topic area

Upcoming Topic: (Oct 27)
Developing formal agreements with CBOs – **Register Here**

Learning Collaboratives (LCs)

Audience: CCO Measure Leads

- Share strategies and learn from one another
- Topics will center high priority needs and metric must-pass elements

Upcoming Topic: (Nov 13)
Protocols & Practices to Prevent Over-Screening – **Register Here**

Individualized Technical Assistance

- One-on-one technical assistance is available to all CCO staff responsible for metric implementation
- Support tailored to the needs of individual CCOs
- Contact **Claire Londagin** (londagin@ohsu.edu) for individualized TA

Agenda

- Introduction
- Somava Saha, Sustainable Partnerships in Health & Social Care
- Q&A with Somava Saha
- Breakouts – SDOH Metric & Sustainable Partnerships
- Next Steps & Upcoming TA Opportunities

Health & Social Care Integration

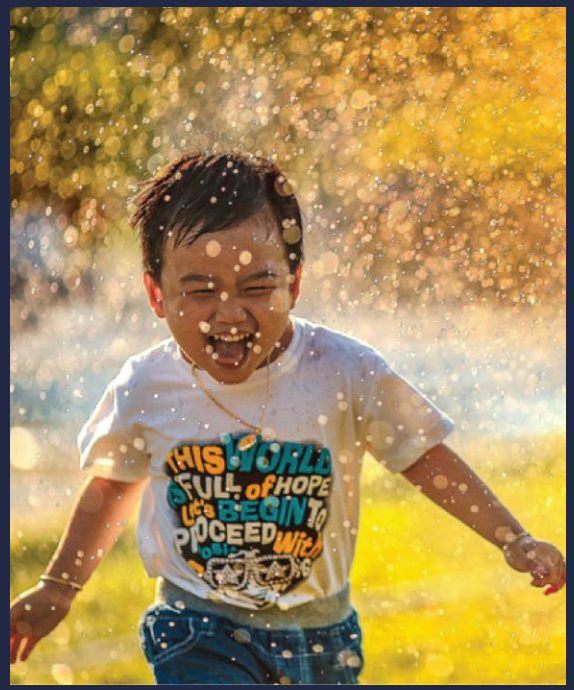
Health and social care integration requires...

- Data sharing systems
- Referral policies and procedures
- Resource navigation
- Sharing capacity
- Written agreements

Somava Saha (she/her), MD, MS
WE in the World & WellBeing in the Nation

ADDRESSING SOCIAL NEEDS IN A WAY THAT BUILDS EQUITY IN PROCESS AND OUTCOMES

SOMAVA SAHA, MD MS, PRESIDENT AND CEO, WELL-BEING AND EQUITY (WE) IN THE WORLD
EXECUTIVE LEAD, WELL BEING IN THE NATION (WIN) NETWORK



WE IN THE WORLD

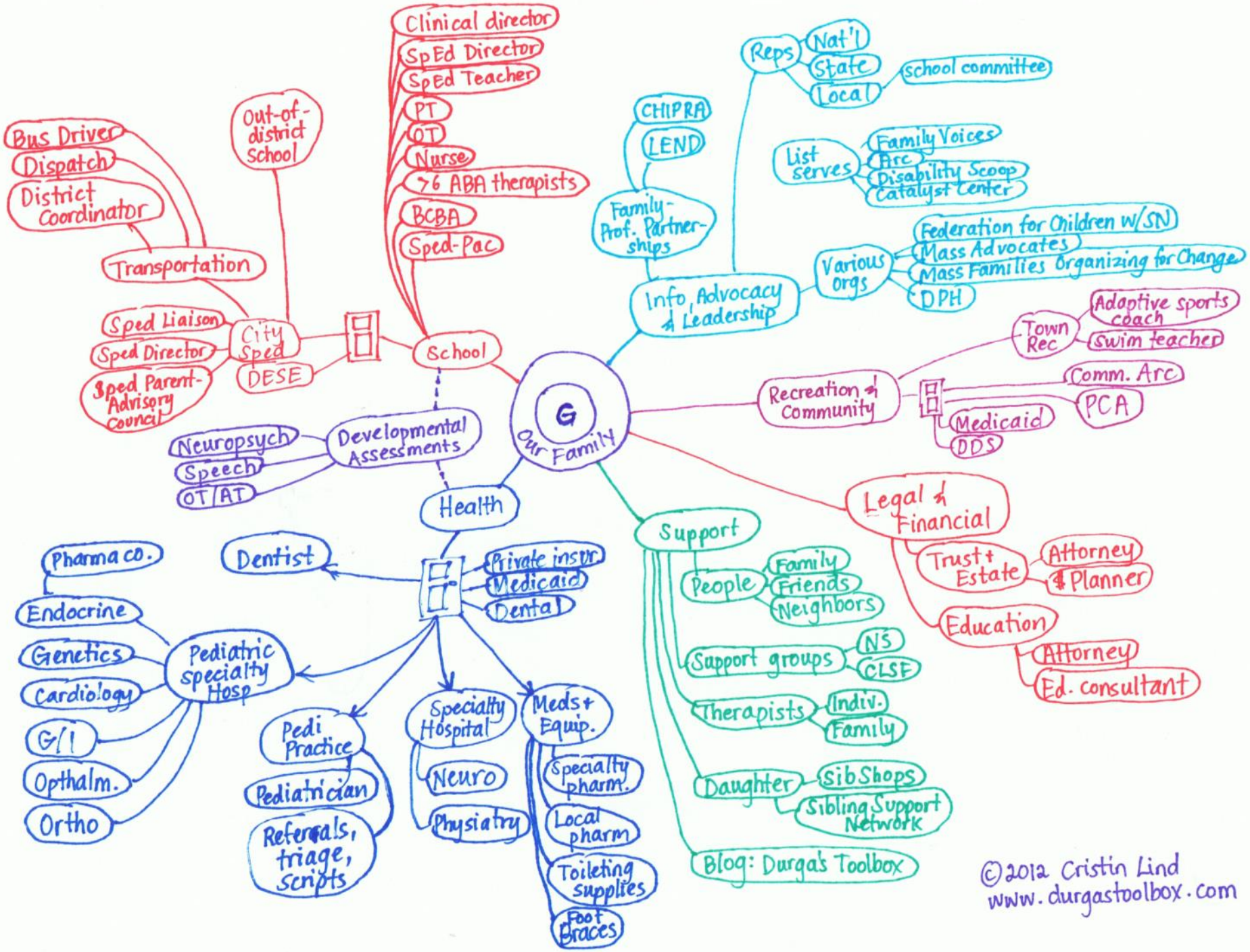
INTRODUCING BILLIE

CAMBRIDGE HEALTH ALLIANCE REVERE: CYCLE OF MENTAL HEALTH, VIOLENCE, SUBSTANCE ABUSE, INCARCERATION AND REINCARCERATION

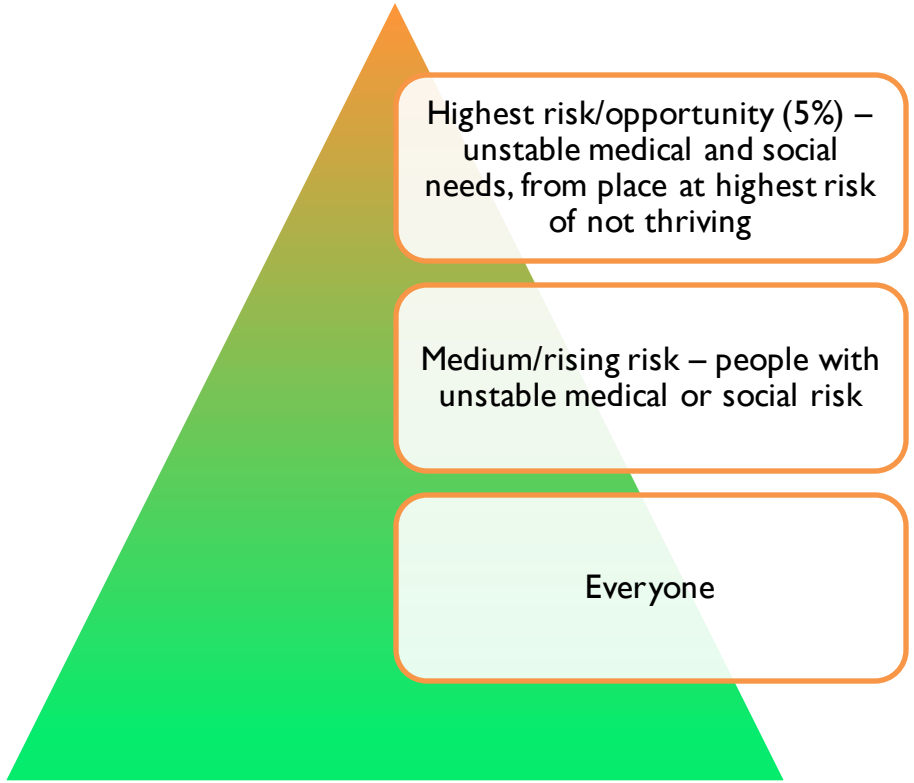
The cycle of addictions begins early.

1 in 5 people are addicted to a substance in Revere

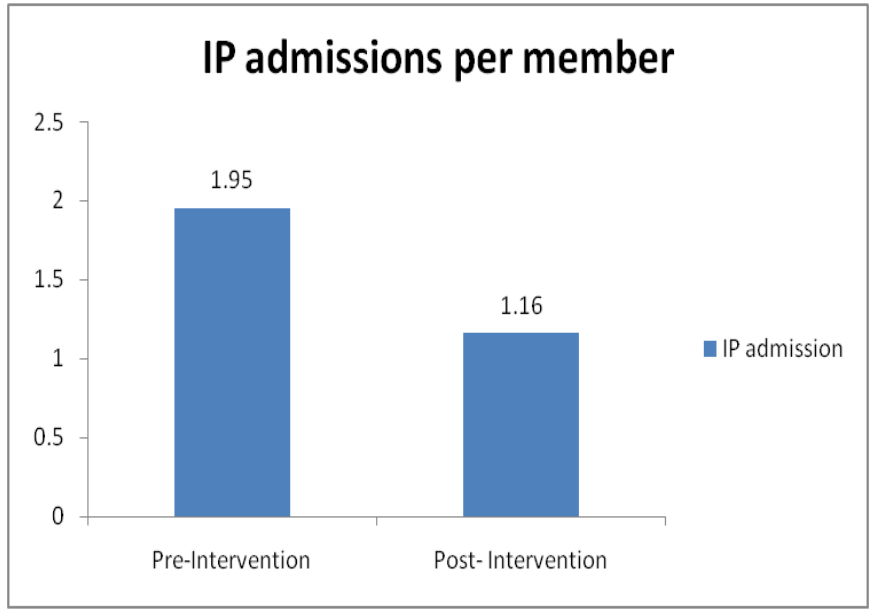
76% prisoners released are rearrested
"School to prison pipeline"

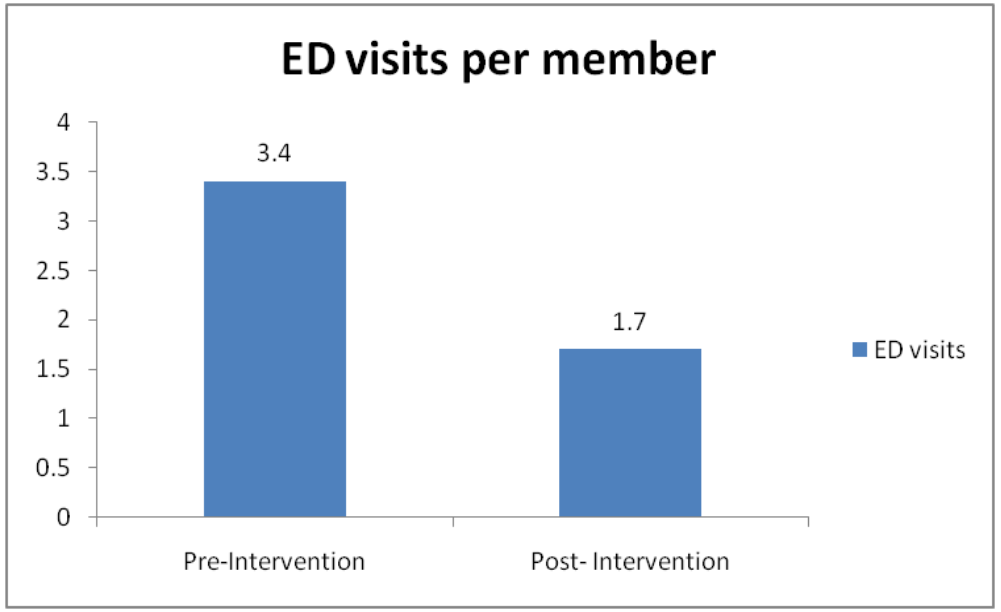


RISK STRATIFICATION – WHO IS AT HIGHEST RISK OF NOT THRIVING?



EARLY COMPLEX CARE MANAGEMENT EFFORTS





n=73

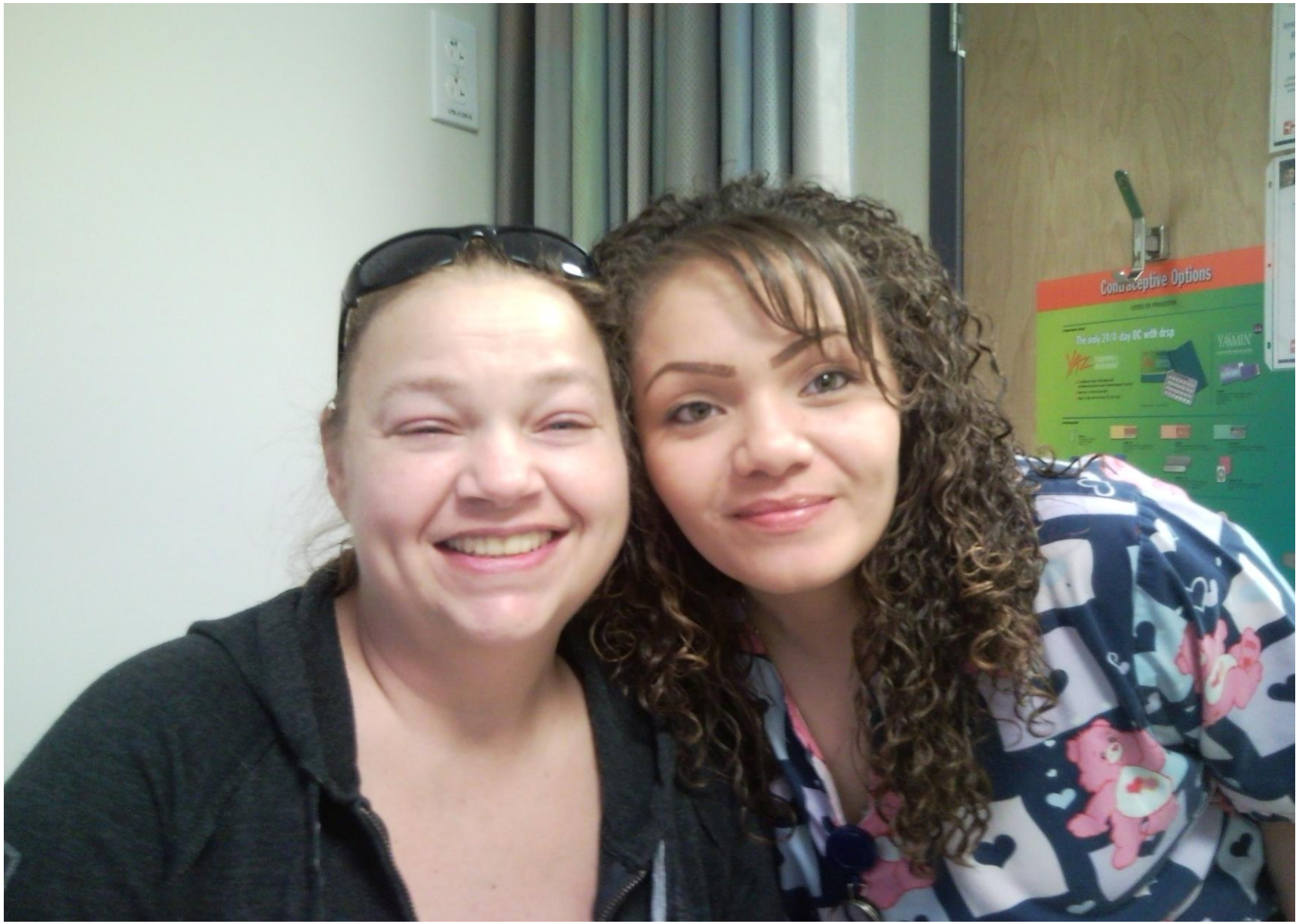
Inpatient Hospitalization Reduction of 40.5%

Emergency Department Visit Reduction of 50%

Increase in primary care visits by 106%
Decrease in total medical expense by 30.4%

LESSONS LEARNED

- Both relationships and systems mattered
- Role clarity and teamwork across clinic and community
- Creating the conditions for effective collaboration



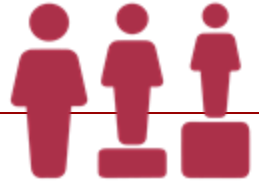
To partner with people in relationships that create health and wellbeing.

WE WIN TOGETHER TRANSFORMATION FRAMEWORK

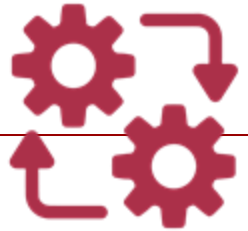
Transforming from within

Transforming together

Transforming our outcomes (what we measure and value)



Transforming for equity (in the vital conditions)



Transforming our systems(cultures, policy and investments)

TRANSFORMING TOGETHER: GET IN RELATIONSHIP WITH ORGANIZATIONS AND PEOPLE WITH LIVED EXPERIENCE OF INEQUITIES IN COMMUNITIES

- Open the door and join tables where this work is already happening in communities
- Cede and share power – create the conditions for real trust and belonging in the work
- Shift your frame – the goal isn't to have people survive, but to thrive
- How might you build and give the trust needed for real, long-term change?

LEVELS OF TRUSTWORTHY COLLABORATION

- **Transactional**

"I need you to do something for me. I have resources to incentivize your participation."

One-sided decision-making

Inequitable access to information and resources

- **Coordinated**

"We have decided we are going to do something together and are going to invest in the time, energy, and systems to make it easy for us to coordinate our work together."

Shared decision-making

More equal access to information and resources

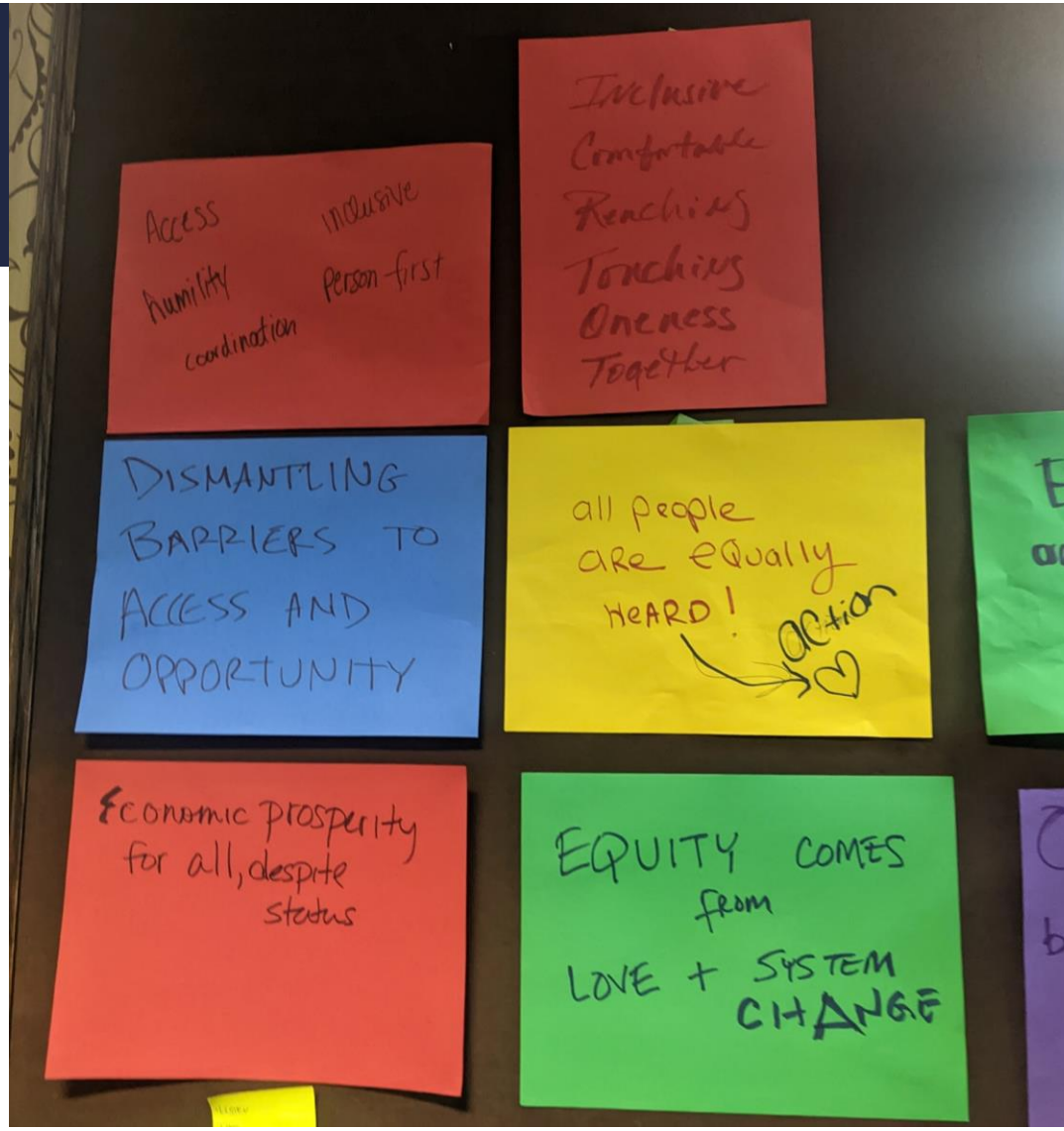
- **Deep relationship**

"We are in this together for the long term to improve health equity. We have a shared vision and strategy and are willing to cede power, resources and support for your priorities because we trust your leadership (and know that sometimes you will do that for us). We stand in solidarity when you need us to do that—and know you will be there for us."

Decentralized decision-making and power

Abundant access to information, assets and resources because it can flow from any side

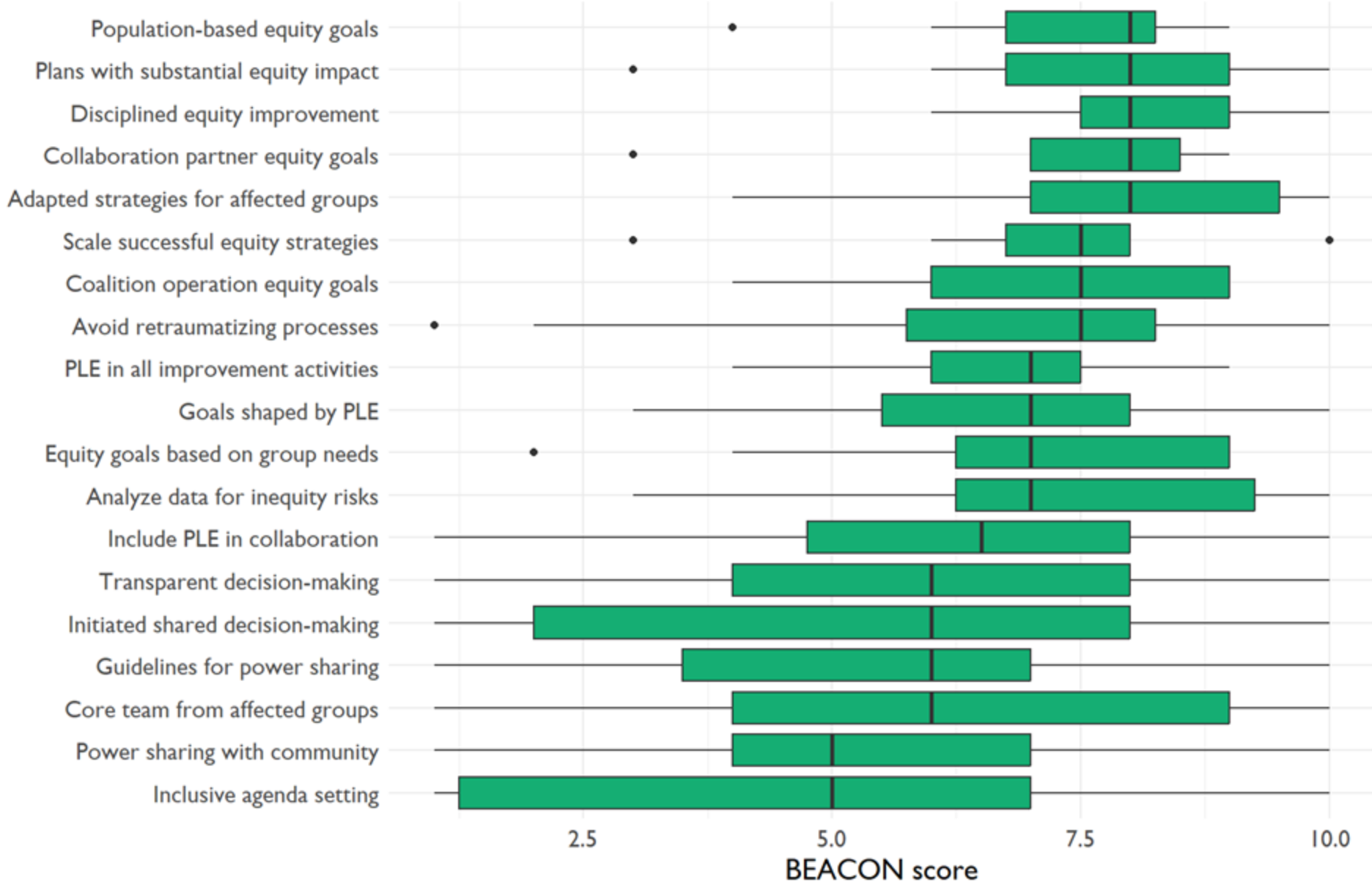
BUILDING EQUITY ON A FOUNDATION OF TRUST IN ILLINOIS



BEACON FOR EQUITY

1.5	We set agendas in an inclusive way in our collaboration.	We are just starting to develop a process for inviting people who are not part of the core team to help share our collaboration meeting agendas.		People who are not part of the core team occasionally help shape our collaboration meetings agendas			People who are not part of the core team help shape our collaboration meeting agendas about half the time.			People who are not part of the core team help shape each of our collaboration meeting agendas
		1		2	3	4	5	6	7	8	9	10
1.6	We have transparent processes to make decisions that everyone can understand.	We have no documentation about how decisions are made in our collaboration. A few people tend to make most of the decisions.		I know who to ask about how decisions are made in our collaboration, even though I'm not certain of how myself.			I understand how some of the decisions are made in our collaboration.			I know about the processes, rules, and criteria used in all of our decision-making.
		1		2	3	4	5	6	7	8	9	10
1.7	We have begun to share in decision-making across our collaboration. These changes encourage shared decision-making across community's agencies, institutions, residents, and people most impacted by inequities (e.g., Black people, Indigenous people, and People of color).	We have not yet started to make our decision-making processes open or to involve those experiencing inequities.		We have started to discuss our decision-making roles and processes. In these discussions, we talk about how we can use our roles and processes to share power in our community's systems, institutions, and among residents and people most impacted by inequities (e.g. Black people, Indigenous people, and people of color.). We have some guidelines for making decisions that everyone can understand, but are only used sometimes. We have made changes to a couple of our decision-making roles and processes.			We use an open and inclusive process for many decisions but do not use these for all important decisions. Sometimes, important decisions, like about our strategy or how we share resources, are not included. We still prioritize efficiency over inclusiveness in many decisions.			We use an open and inclusive process for most important decisions. This includes areas like strategy and how we will budget or share resources. We have processes in place to make sure everyone has a chance to have a voice in these decisions, especially from groups who would be impacted. We prioritize openness, inclusiveness and equity over efficiency.
		1		2	3	4	5	6	7	8	9	10

Range of BEACON scores across ARISE

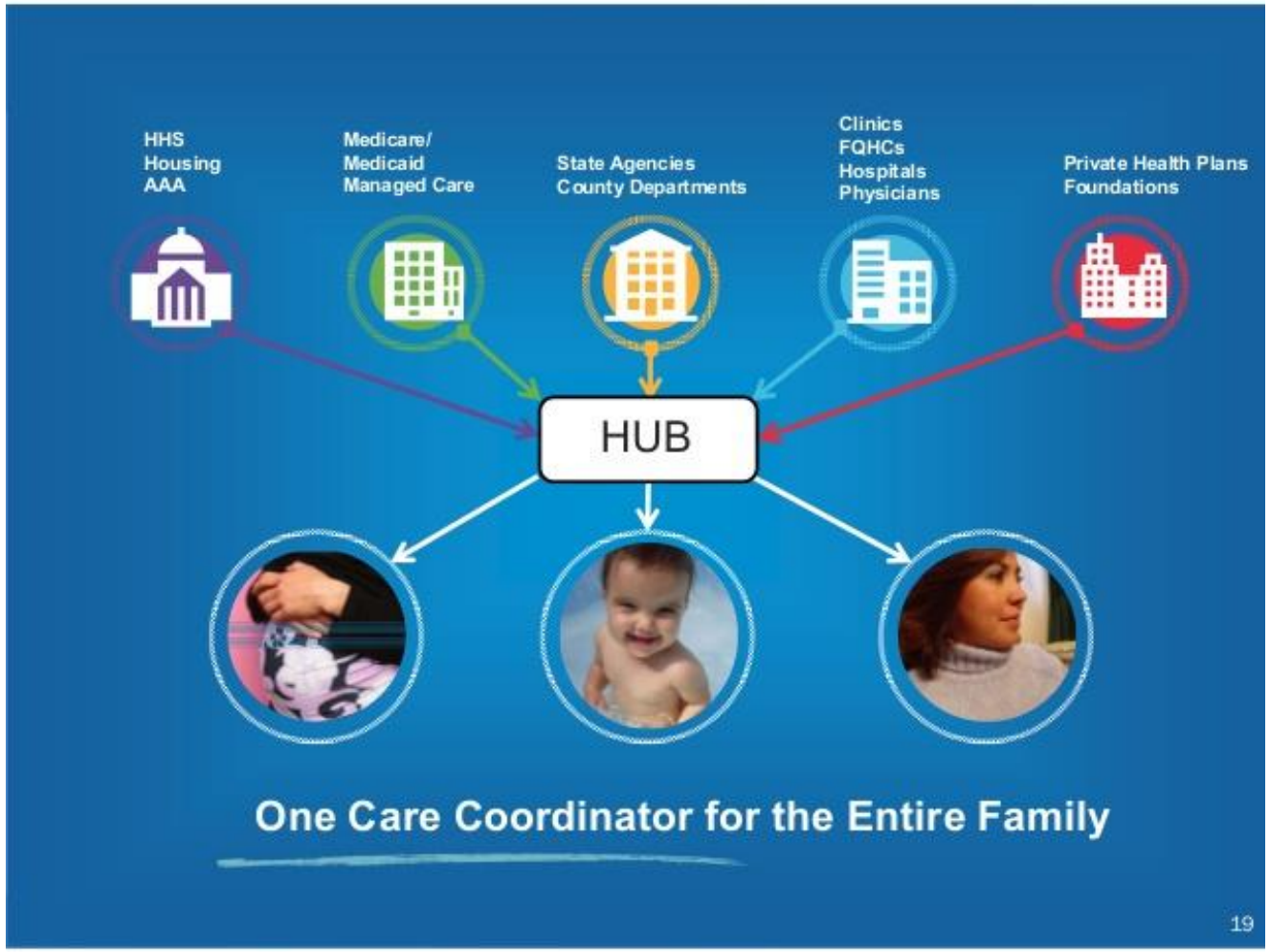


Graph produced on October 6, 2023

EXAMPLE MEASURES YOU MIGHT CONSIDER IN OREGON

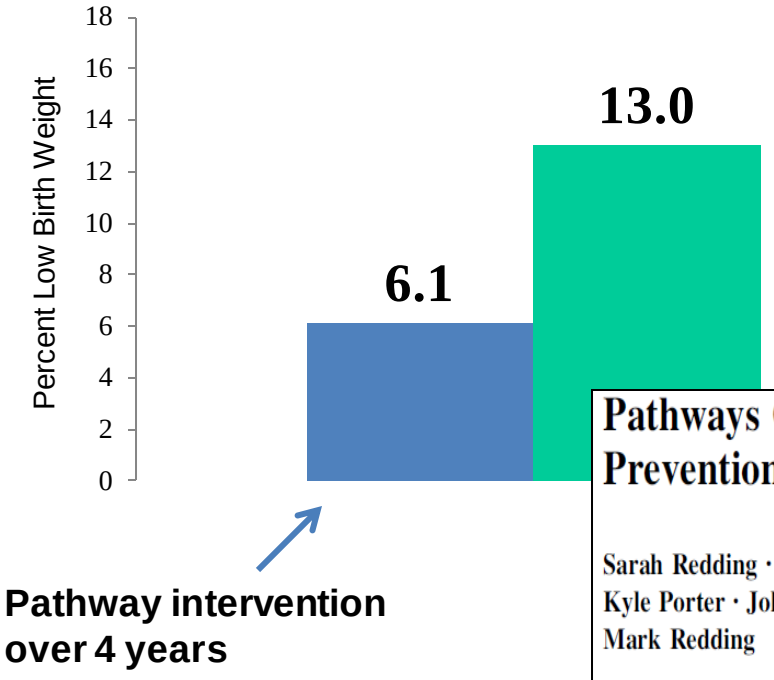
- **Changing ourselves**
  - Shared stewardship process exists between health system and community partners, with equitable facilitation
  - Trust and coordination across clinical and community partners
  - Shared information across clinical and community partners
  - Shared power and decision-making across clinical and community partners
  - Sharing of resources across clinical and community partners
  - Tools to assess where you are on the journey to racial justice
- **Changing our world**
  - % of people screened for social needs (all comers? High priority populations? Based on zip code?)
  - % of people screened who are connected to their priority social needs
  - Improved health outcomes and equity
  - Improved well-being
  - More effective use of health care resources
  - Policies changed so less people are in social and medical need

PORTFOLIO 2: ADDRESS SOCIAL AND SPIRTIUAL DRIVERS OF HEALTH AND WELL-BEING



Pathways Community Hub Model

PATHWAYS HUBS LEAD TO TRIPLE AIM OUTCOMES



Cost Savings: $3.36 for 1st year of life; $5.59 long-term for every $1 spent

Pathways Community Care Coordination in Low Birth Weight Prevention

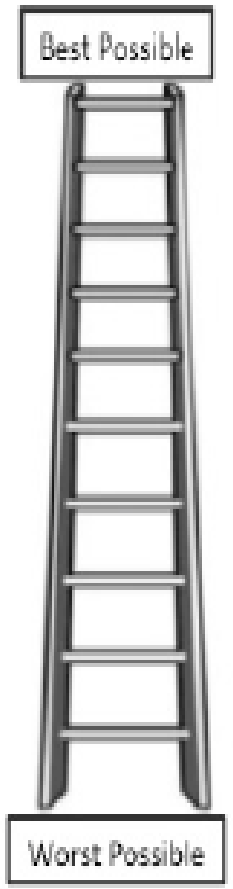
Sarah Redding · Elizabeth Conrey · Kyle Porter · John Paulson · Karen Hughes · Mark Redding

Abstract The evidence is limited on the effectiveness of home visiting care coordination in addressing poor birth outcome, including low birth weight (LBW). The Community Health Access Project (CHAP) utilizes community health workers (CHWs) to identify women at risk of having poor birth outcomes, connect them to health and social

Women participating in CHAP and having a live birth in 2001 through 2004 constituted the intervention group. Using birth certificate records, each CHAP birth was matched through propensity score to a control birth from the same census tract and year. Logistic regression was used to examine the association of CHAP participation

CHANGING WHAT WE MEASURE SO ALL PEOPLE AND PLACES CAN THRIVE REPORTED WELL-BEING

Common Measures for Adult Well-being



1. Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

Indicate where on the ladder you feel you personally stand right now.

0 1 2 3 4 5 6 7 8 9 10

2. On which step do you think you will stand about five years from now?

0 1 2 3 4 5 6 7 8 9 10

3. Now imagine the top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you. Please indicate where on the ladder you stand right now.

0 1 2 3 4 5 6 7 8 9 10

WE IN THE WORLD www.winmeasures.org

Life evaluation

% people thriving
% people struggling
% people suffering

Overall life eval index:
%thriving - % suffering

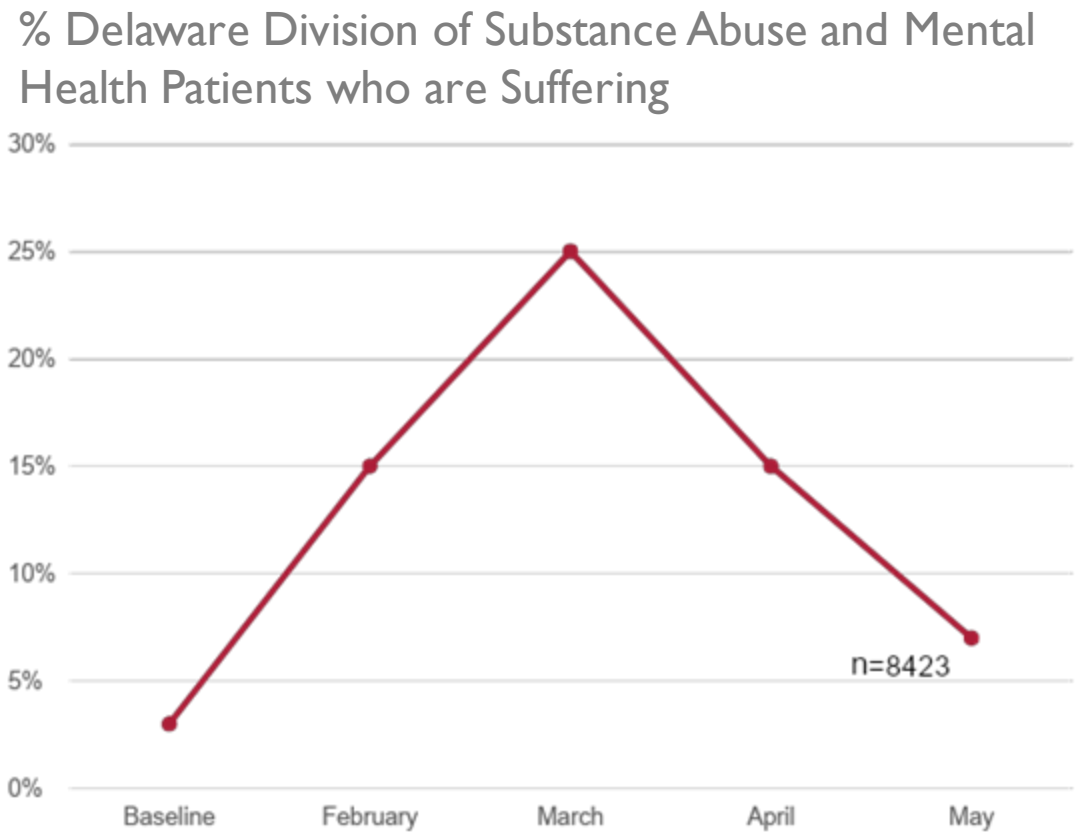
Age
Sex
Race/Ethnicity
Education
Zip code
Veteran status

WELL BEING IN THE NATION NETWORK

- Two simple questions
- Administered 2.7 million times, highly validated
- Relates to morbidity, mortality, cost
- Useful for risk stratification
- Works across sectors
- Recommended by OECD
- Recommended by National Academies as a Leading indicator for Healthy People 2030

100 Million Healthier Lives

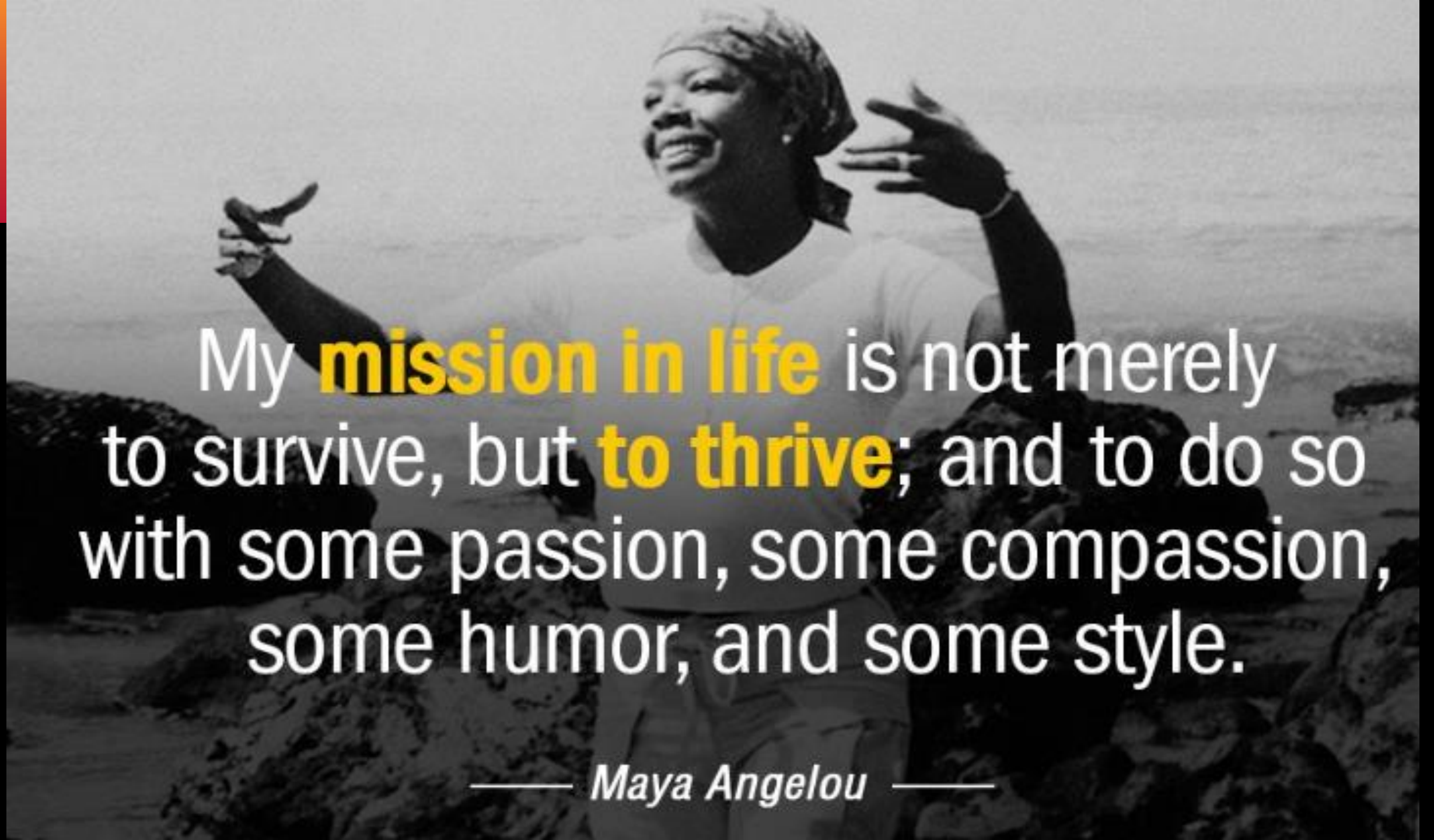
DELAWARE OUTCOMES



- One of only three states where overdose rates didn't increase in 2020 (23% increase on average across nation)
- Reduced incarcerations (diversion)
- Reduced homelessness among the most vulnerable
- Data systems across sectors
- Improved access for everyone leveraging telehealth and online supports (Support Wall)

FOR MORE INFORMATION

- Somava Saha – somava.saha@weintheworld.org
- WIN measures – https://www.winmeasures.org/
- WE in the World - https://weintheworld.org/
- WIN Network - https://winnetwork.org/
- Milbank Quarterly article on WIN Measures
- Learning Measurement System
- Equitable measurement: Springboard for Equitable Recovery and Resilience


My mission in life is not merely
to survive, but to thrive; and to do so
with some passion, some compassion,
some humor, and some style.
Maya Angelou

ABUNDANCE

"Abundance does not happen automatically. It is created when we have the sense to choose community, to come together to celebrate and share our common store. Whether the scarce resource is money or love or power or words, the true law of life is that we generate more of whatever seems scarce by trusting its supply and passing it around. Authentic abundance does not lie in secured stockpiles of food or cash or influence or affection but in belonging to a community where we can give those goods to others who need them—and receive them from others when we are in need."

-Parker Palmer, "Let Your Life Speak"

Somava Saha (she/her),
MD, MS, WE in the World &
WellBeing in the Nation

Questions?

Breakout – Sustainable Partnerships

You will be randomly assigned a breakout room. In your breakout rooms, you will have **10** minutes to discuss:

- If you are with a CCO, what information do you need from your providers and CBOs to be able to move forward in developing a partnership?
- What actions can CCOs take to get the conversation going around building a partnership with you, whether you are a CBO or clinical provider?

★ **Please designate one colleague from your breakout group to take notes & share at least 1 takeaway with the large group**

Share Out & Reflection

Next Steps

★ Review September FAQ Release

Upcoming Metric TA Opportunities

- **Office Hour** - Developing Formal Agreements with CBOs
  - October 27, 2023, 10 a.m. PST – Registration Link
- **Learning Collaborative** - Protocols & Practices to Prevent Over-Screening
  - November 13, 2023, 3 p.m. PST – Registration Link
- **Café Connect** – Payment Arrangements for Social Needs Screening & Referral
  - January 23, 2023, 1 p.m. PST – Registration Link
- Contact **Claire Londagin** (londagin@ohsu.edu) for **1:1 TA**