2020 CCO Transformation and Quality Strategy: Social Determinants of Health & Equity

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Webinar agenda

1. Provide overview of TQS purpose and deliverables
2. Define Social Determinants of Health & Equity (SDOH-E)
3. Describe key expectations for SDOH-E in the TQS
4. 2019 areas of opportunity
5. Q&A

Why we do this work…

Purpose of the TQS

To support safe and high-quality care for all CCO members by ensuring the Transformation and Quality Strategy (TQS) adequately covers federal requirements, pushes health transformation forward, and continues the path toward the Triple Aim (better care, better health, lower cost).

NOTE: The Oregon Health Authority recognizes that the programs and projects included in each CCO's TQS are a **showcase of current CCO work** addressing TQS components that aim to make significant movement in health system transformation. Additionally, OHA recognizes that the work highlighted in the TQS is **not a comprehensive catalogue or full representation** of the CCO's body of work addressing each component. CCOs are understood to be continuing other work that ensures the CCO is meeting all OARs, CFRs, and CCO contract requirements.
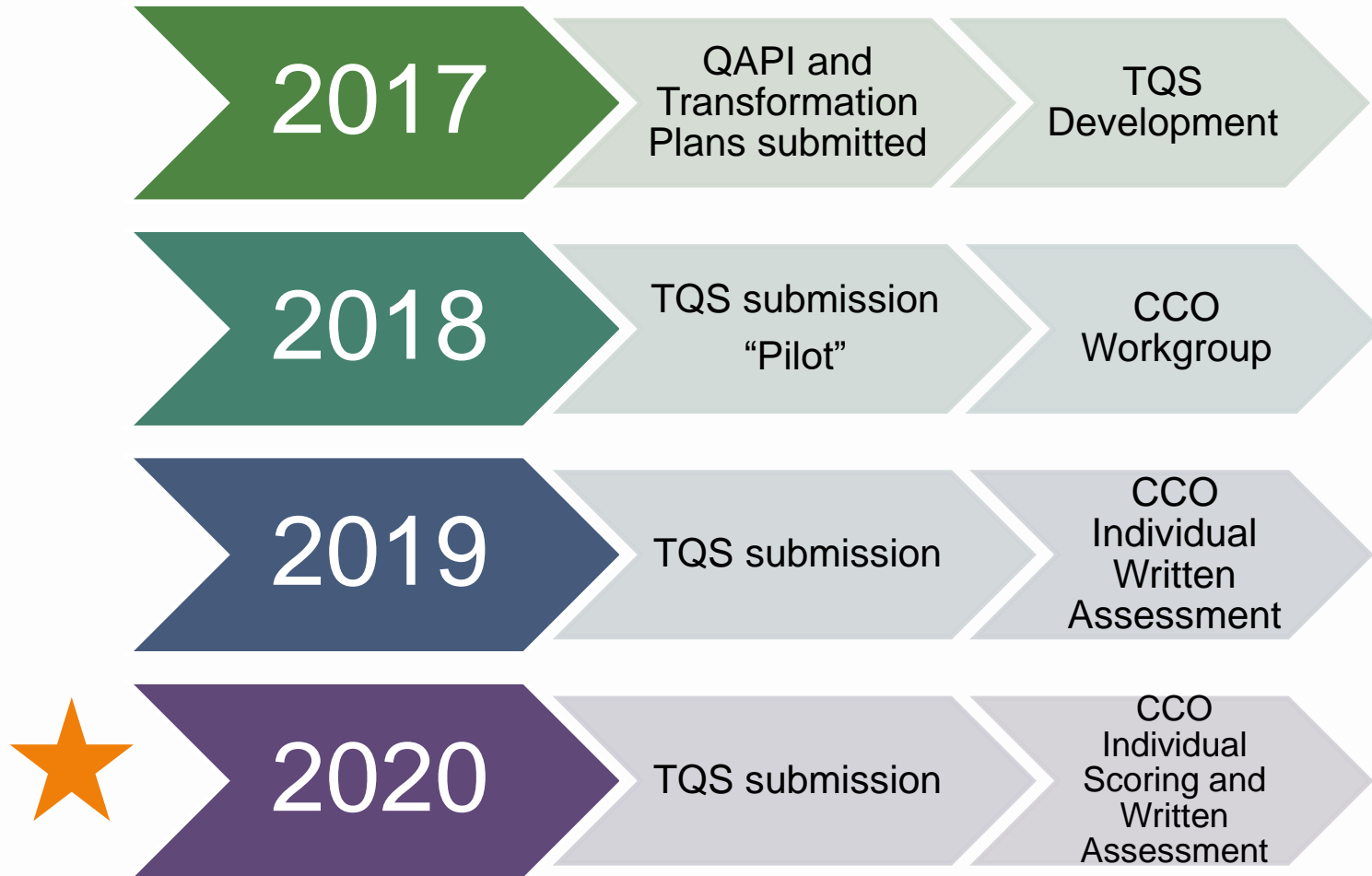
Foundational principles

TQS is a means for CCOs to report health transformation and quality work. The work is determined, developed and implemented by the CCOs with the direction from their community advisory council(s), community and CCO leadership.

The TQS addresses three key principles:

1. Meets CFR, OAR, 1115 waiver and CCO contractual requirements

2. Pushes health transformation through alignment with quality and innovation

3. Decreases administrative burden

   – Supports OHA's use of information to monitor CCOs' progress to benchmarks.

   – Incorporates narrative style and specific/measurement methods.

   – Combines two annual deliverables from prior years (2012-2017).

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Key functions

2017	QAPI and Transformation Plans submitted	TQS Development
2018	TQS submission "Pilot"	CCO Workgroup
2019	TQS submission	CCO Individual Written Assessment
2020	TQS submission	CCO Individual Scoring and Written Assessment

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Deliverables

Annually CCOs submit:

- Annual TQS
  - Due March 16
  - Reporting period: January–December

- TQS Progress Report
  - Due September 30
  - Reporting period: progress for January–June

Annually OHA:

- Reviews TQS submissions and provides feedback to CCOs

- Posts TQS to OHA Transformation Center website. Benefits include:
  - Peer learning to see how other CCOs described their work
  - Transparency with clinics and community partners to better align work

- Posts guidance document updates to TC website
  - Due October 1

2020 components

#		#	
1	Access: Quality and Adequacy of Services	9	Oral Health Integration
2	Access: Cultural Considerations	10	Patient-Centered Primary Care Home (PCPCH)
3	Access: Timely	11	Severe and Persistent Mental Illness (SPMI)
4	Behavioral Health Integration	12	Social Determinants of Health & Equity
5	CLAS Standards	13	Special Health Care Needs (SHCN)
6	Grievance and Appeal System	14	Utilization Review
7	Health Equity: Data		
8	Health Equity: Cultural Responsiveness		

2020 TQS template

Section 2: Transformation and Quality Program Details
(Complete Section 2 by repeating parts A through E until <u>all</u> TQS components have been addressed)

A. **Project or program short title**: <u>Add text here</u>

Continued or slightly modified from prior TQS? ☐Yes ☐No, this is a new project or program

B. **Components addressed**
   i. Component 1: <u>Choose an item.</u>
   ii. Component 2 (if applicable): <u>Choose an item.</u>
   iii. Component 3 (if applicable): <u>Choose an item.</u>
   iv. Does this include aspects of health information technology? ☐ Yes ☐ No
   v. If this component addresses social determinants of health & equity, which domain(s) does it address?
       ☐ Economic stability   ☐ Education
       ☐ Neighborhood and build environment   ☐ Social and community health

C. **Background and rationale/justification:**

Add text here

D. **Project or program brief narrative description:**

Add text here

E. **Activities and monitoring for performance improvement:**

Activity 1 description (continue repeating until all activities included): Add text here

☐ Short term or ☐ Long term

Monitoring activity 1 for improvement: Add text here

Baseline or current state	Target/future state	Target met by (MM/YYYY)	Benchmark/future state	Benchmark met by (MM/YYYY)

2020 TQS support

Annually OHA Transformation Center provides:

- Webinar series to support learnings from submission and guidance on TQS updates
- Monthly office hours
  - Open to those who just want to call in
  - Quality improvement, quality assurance, transformation leads

Supporting resources provided annually

- Guidance document for template completion (data dictionary)
- FAQ
- TQS example strategies
- Health equity lens guidance document
- Available at: www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx

What are the social determinants of health & equity (SDOH-E)?

SDOH-E encompasses three terms:*

- ***Social determinants of health*** refers to the social, economic, and environmental conditions in which people are born, grown, work, live, and age, and are shaped by the social determinants of equity. These conditions significantly impact length and quality of life and contribute to health inequities.

- ***Social determinants of equity*** refers to systemic or structural factors that shape the distribution of the social determinants of health in communities. Examples include distribution of money, power, and resources at local, national, and global levels; institutional bias; discrimination, racism, and other factors.

- ***Health-related social needs*** refers to an individual's social and economic barriers to health, such as housing instability or food insecurity.

*As defined in OAR 141-410-3735

SDOH-E Efforts

Efforts that impact community-level conditions

Social determinants of health
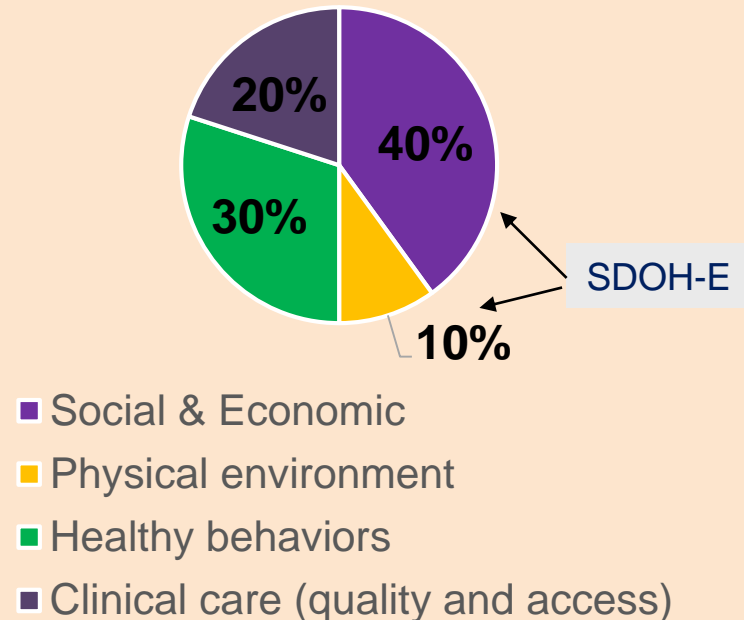
Social determinants of equity

Efforts that impact individual needs
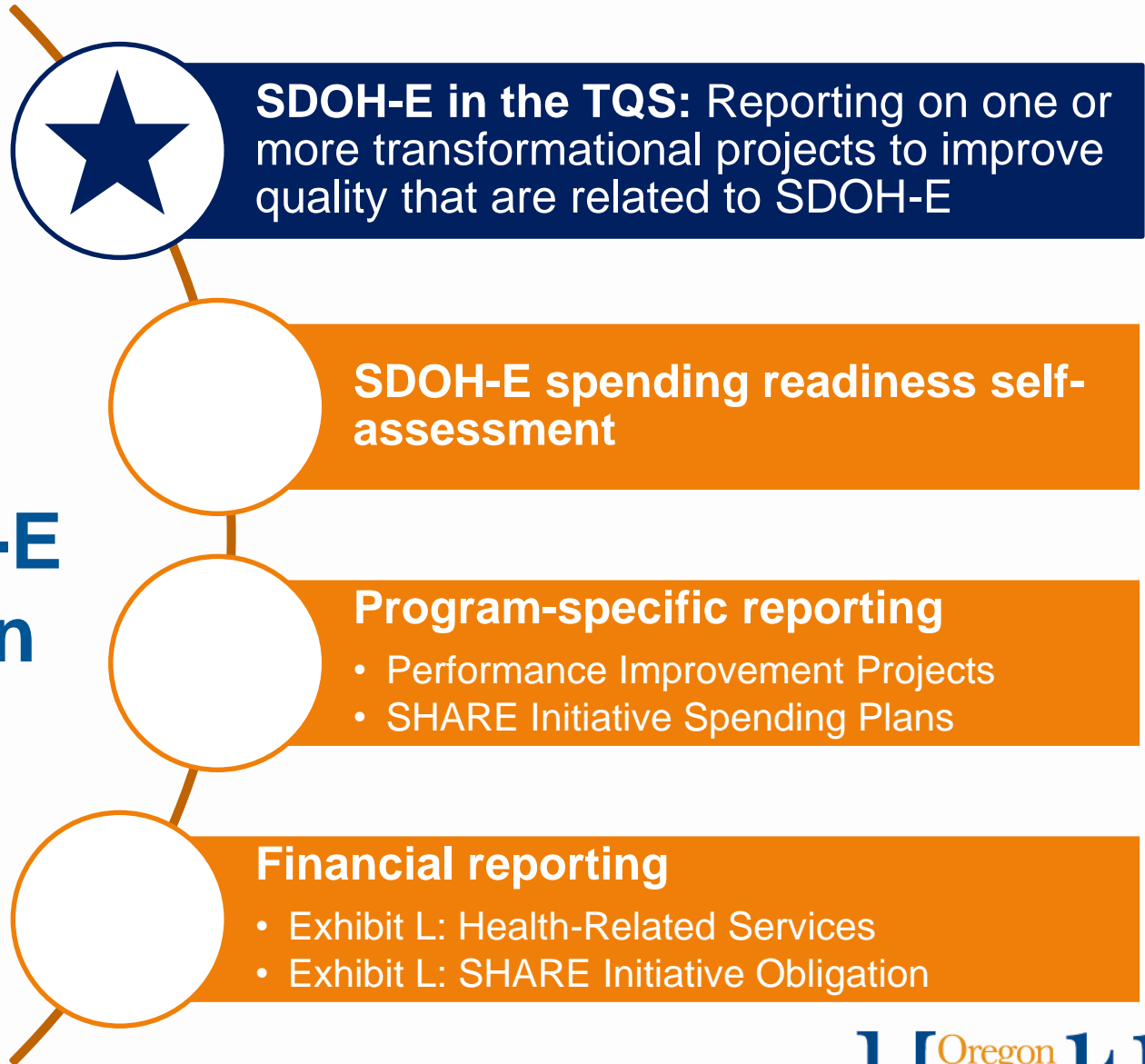
Health-related social needs

Why Social Determinants of Health & Equity (SDOH-E) in the TQS?

- Addressing SDOH-E is critical to health system transformation

- Aligns with state priorities: 1115 waiver (2017-2022); CCO 2.0

- Aligns with CCO and community priorities and existing initiatives

Factors that determine health outcomes

- Social & Economic
- Physical environment
- Healthy behaviors
- Clinical care (quality and access)

Other reporting with SDOH-E information

SDOH-E in the TQS: Reporting on one or more transformational projects to improve quality that are related to SDOH-E

SDOH-E spending readiness self-assessment

Program-specific reporting

- Performance Improvement Projects
- SHARE Initiative Spending Plans

Financial reporting

- Exhibit L: Health-Related Services
- Exhibit L: SHARE Initiative Obligation

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SDOH-E four domains*

SDOH-E domain	SDOH-E examples
Economic Stability	• Income/Poverty • Employment • Food security/insecurity • Diaper security/insecurity • Access to quality childcare • Housing stability/instability (including homelessness) • Access to banking/credit
Neighborhood and Built Environment	• Access to healthy foods • Access to transportation (non-medical) • Quality, availability, and affordability of housing • Crime and violence (including intimate partner violence) • Environmental conditions • Access to outdoors, parks
Education	• Early childhood education and development • Language and literacy • High school graduation • Enrollment in higher education
Social and Community Health	• Social integration • Civic participation/community engagement • Meaningful social role • Discrimination (e.g. race, ethnicity, culture, gender, sexual orientation, disability) • Citizenship/immigration status • Corrections • Trauma (e.g. adverse childhood experiences)

*Not comprehensive

SDOH-E in the TQS: expectations

1. **Fall into one or more of the four domains of SDOH-E** (see previous slide) (*new* in 2020)

2. **Actively engage members** to participate in the development of holistic approaches to patient engagement and responsibility that account for social determinants of health and health disparities

3. **Address SDOH-E, including social needs, at a community level**, beyond working with individual members, through collaboration between the health care system and the community. (*modified* in 2020)

SDOH-E domains: examples from recent TQS submissions

SDOH-E domain	Project examples
Economic Stability	• Partner/contract with a local organization to support member involvement in all levels of housing programs and case management; move members along a continuum of housing and self-sufficient stability.
Neighborhood and Built Environment	• Support a Veggie Rx program that screens patients at the health and WIC clinics and offers vouchers for fresh fruit and vegetables to residents experiencing food insecurity.
Education	• Implement the CLEAR Model to incorporate consistent, ongoing training and coaching of teachers and school staff to implement trauma informed practices.
Social and Community Health	• Implement the Self-Healing Communities Initiative as a framework for communities to work toward building resiliency; mitigating the effects of ACEs for those who have experienced trauma, and preventing trauma for future generations.
Multiple domains	• Participate in the Accountable Health Communities intervention by implementing health-related social needs screening, referral and navigation using a standardized CMS screening tool.

Actively engage members: examples

- Involve the CCO's community advisory council in SDOH-E projects, for example:
  - CAC approves CCO SDOH-E priorities
  - CCO recommends funding specific SDOH-E projects and/or partners
- Use innovative methods to understand member perspectives and priorities for health and well-being, including Photovoice or micro-narratives.
- If the SDOH-E project aligns with CHP priorities and strategies, describe how members were engaged in selecting the CHP priorities and strategies.

Address SDOH-E at the community level: examples

Type of effort	Examples	Report in the TQS?
Social determinants of health	Partner to support community enhancements, such as park improvements and bike lanes	YES, community-level by definition
Social determinants of equity	Partnering with a Regional Health Equity Coalition to overturn discriminatory policies	YES, community-level by definition
Health-related social needs	Medical-legal partnership, screening & referral program	YES if program also includes interventions at community level (e.g. screening & referral program)

More tips for strong SDOH-E initiatives

Align with community priorities (e.g. community health improvement plans)

Use evidence, wherever possible, to select effective SDOH-E interventions (see resources slide)

Leverage cross-sector partnerships with organizations that are trusted in communities to provide social resources and/or work for policy and systems change

2019 TQS areas of opportunity: Overall

Overall: Use SMART targets and benchmarks.

General OHA feedback:

- Define terms like "monitor", "track", and "routinely". For example, describe who is responsible for monitoring or the frequency of "routine" reviews.

- Efforts should be made to include baseline data. If unavailable, clearly state how and when baseline data will be collected.

- Ensure there is a direct connection between the project described and the activities/measures used to monitor progress. Most projects require multiple monitoring activities.

2019 TQS areas of opportunity: Overall

Overall: For continuing projects, describe progress, areas for improvement, and rationale for continuing.

General OHA feedback:

- Include an assessment of results from the prior year's work and any changes to the project resulting from that assessment.

- Intentionally begin shifting from process measures only, to also including outcomes measures.

2019 TQS areas of opportunity: Social determinants of health & equity

OHA feedback on SDOH-E specific opportunities and improvements:

- **Describing development of a CHP that focuses on SDOH-E is not sufficient.** The SDOH-E project must describe an intervention that addresses a specific SDOH-E need. *Note: in 2020, the need must fall within one of the SDOH-E domains.*

- **Care coordination to address a member's social needs is not sufficient.** Projects to improve care coordination can fulfill the requirement for community interventions if the project clearly extends beyond the clinic walls and involves community partnership.

- **Evaluating or monitoring SDOH-E needs and costs is not sufficient.** The TQS submission must include activities aimed at improvement.

2020 TQS Guidance Document and Sample TQS

- TQS Guidance Document
- Sample TQS for SDOH-E

SDOH-E Resources

- Oregon Medicaid Advisory Committee SDOH report and recommendations for CCOs: https://www.oregon.gov/oha/HPA/HP-MAC/Documents/MAC_AddressingSDOH_CCOmodel_Recommendations_FINAL.pdf

- Commonwealth Fund's ROI Calculator for Addressing SDOH: http://tools.commonwealthfund.org/roi-calculator

- Social Interventions Research and Evaluation Network (SIREN) Evidence Library: http://sirenetwork.ucsf.edu/tools/evidence-library

- The Community Guide by Community Preventive Services Task Force: https://www.thecommunityguide.org/

- Centers for Disease Control Health Impact in 5 years: https://www.cdc.gov/policy/hst/hi5/index.html

- Healthy People 2020: https://www.healthypeople.gov/

- Please type your questions and comments into the "Questions" box on your GoToWebinar control panel.
- We will update our Frequently Asked Questions after each webinar in this series.

For more information:

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- All TQS resources, including the templates, guidance document, examples and technical assistance schedule are available on the **Transformation Center website**: www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx

- The templates and guidance document are also cross-posted on the **CCO Contract Forms page**: www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx