

Social Determinants of Health Workgroup

Recommendations to IHN-CCO for CCO 2.0

March 2019

Introduction

These recommendations were developed through a collaborative effort of the Delivery System Transformation (DST) Committee’s four workgroups; Social Determinants of Health (SDOH), Health Equity, Traditional Health Workers (THW), and Universal Care Coordination (UCC). Broad representation and input from health care and community organizations was involved. Early in the discussion the SDOH workgroup acknowledged that health equity and social determinants of health are intertwined; one cannot be addressed without the other. Inherent in these recommendations is consideration of health equity, and an effort to reduce health disparities.

The next focus for the SDOH workgroup will be to begin discussion on how to measure success; establishing desired goals and outcomes for SDOH work, aligning with CCO 2.0 metrics, and developing more specific work plans to achieve desired outcomes. The SDOH workgroup would also like to encourage internal operations of IHN-CCO to consider integration of priority areas outlined within this strategic plan through evidence of documentation (policies, processes, and procedures) to assist in fulfilling contractual obligations outlined by the State of Oregon for the use of Medicaid funds.

For a list of all acronyms used in this document, please see page 7.

Foundational to Addressing Social Determinants of Health (SDOH)	IHN-CCO Role	Work Group	CAC CHIP Priorities
Recommendation #1: Establish a universal standard for screening for SDOH	Convener		SD1-4
<i>a) Identify targeted SDOH & health equity screening elements and implement universal screening in health care and community settings.</i>		UCC	
Recommendation #2: Identify the functionality needed to use the Regional Health Information Collaborative (RHIC) as the data hub for SDOH	Direct Investment & Data Analytics Support		SD1-4
<i>a) Identify the feasibility of health care providers and community agencies reporting to the RHIC common data elements on SDOH & health equity to create a SDOH report to be used by IHN-CCO and community members</i>		RHIC	

Foundational to Addressing SDOH <i>(continued)</i>	IHN-CCO Role	Work Group	CAC CHIP Priorities
Recommendation #3: Recognize Traditional Health Workers (THW) as a critical component of the workforce for SDOH; requiring certification to be eligible for APM (Alternative Payment Methodology) payment and expanding the number of certified THWs in the region	Workforce & VBP		A2 BH1-6 CY1-3 HL1 M1-2 SD1-4
<i>a) Complete the development of the Tri-County Traditional Health Worker Training hub to include;</i> <ul style="list-style-type: none"> • <i>Oregon Health Authority (OHA) certified curriculum for Community Health Workers, Doulas, Peer Specialists, and Peer Wellness (when completed)</i> • <i>On-going CEU training to maintain credentialing for THW and activities to foster networking and connections among the THW workforce</i> • <i>Established fidelity standards and a method for monitoring & reporting accountability</i> 	Collaboration & Direct Investment	THW	
<i>b) Develop an expansion strategy for all types of THW's to work in community settings to include:</i> <ul style="list-style-type: none"> • <i>Identification of community agencies interested in having THW's and what type of THW will best meet their service needs</i> • <i>Identifies the frequency of CHW training and mentoring program to be offered each year</i> • <i>How many can be trained in each cohort</i> 	APM	THW	
<i>c) Develop an expansion strategy for Clinical Navigators to include:</i> <ul style="list-style-type: none"> • <i>Development of an additional curriculum and mentoring program that trains THW beyond the basic training to enhance their skills to work in a health care setting</i> • <i>Identify clinics interested in having a Clinical Navigator on-site</i> • <i>Formalize a training approach for Clinic Managers and Clinical Care Teams to assist them in understanding how to successful use Clinical Navigators</i> • <i>Identifies the frequency of CHW training and mentoring program to be offered each year</i> • <i>How many can be trained in each cohort</i> 	APM	THW	
<i>d) Continue to support opportunities for other types of workers in the community to impact SDOH (example Community Paramedics, health educators) by; supporting potential pilots, fostering conversations and sharing among others doing similar work, encouraging coordination with THW's, and assessing the feasibility/appropriateness of certification for other types of workers</i>	General Alignment/ Collaboration	DST	

Foundational to Addressing SDOH <i>(continued)</i>	IHN-CCO Role	Work Group	CAC CHIP Priorities
Recommendation #4: Establish a user-friendly & efficient Resource Hub to be used by care coordinators, THW's, and others to identify and link community resources to client needs	Direct Investment/ Resource clearinghouse		A1-3 SD1-4
a) <i>Implement Unite Us as the platform for the Resource Hub for health care providers and community agencies and integrate functionality with the RHIC</i>	Infrastructure	UCC	
b) <i>Establish an end-user workgroup to provide input into identifying key elements and desired functionality for the Resource Hub and testing options</i>	Convener	UCC	
Recommendation #5: Create a document that acknowledges the critical importance of a shared commitment to community input and participation in transformational system change and a commitment from executive leadership to collaborative decision-making in investments that have broad impact in the region	Collaboration	RPC	A1-3 SD1-4
a) <i>Develop and ratify a Declaration of Synergy to include:</i> <ul style="list-style-type: none"> • <i>Brief history of the development & evolution of IHN-CCO, the community impact model, committee and workgroup structure, and successful engagement of community members to date</i> • <i>Strategic plan/priorities as identified in IHN-CCO application to OHA</i> • <i>The action/strategic plan for addressing SDOH & health equity</i> 		RPC	
b) <i>Organize and execute outreach strategy</i> <ul style="list-style-type: none"> • <i>Identify targeted agencies/leadership to include in the commitment statement</i> • <i>Obtain a signature of commitment from community partner leadership identifying what tools & resources exist, and what each agency is ready and willing to commit to</i> • <i>Affirm IHN-CCO commitment to gain input and vet options through existing committees and workgroups prior to decision-making regarding tools and resources that will be deployed for community use</i> 	Convener & Collaboration	RPC	

SDOH Regional Priority Areas

Housing	IHN-CCO Role	Work Group	CAC CHIP Priorities
Recommendation #6: Identify a mechanism for funding safe, stable, affordable housing services and supports within the parameters of allowable Medicaid funding and that builds on strategies developed through previous DST pilots	Direct Investment		
a) <i>Review previous community based DST pilots that addressed housing supports to build on successful strategies</i>	General Alignment	SDOH	
b) <i>Call for proposals and select pilots that address any of the following strategies;</i> <ul style="list-style-type: none"> • <i>Assisting individuals/families to get into housing;</i> • <i>Supporting people to stay in housing (eviction prevention)</i> • <i>Improvements that promote healthy homes</i> • <i>Bringing health and wellness options into housing (such as; education, gym equipment, classes)</i> 	Direct investment & Convener	DST	Align where relevant with 10 year plan to end homelessness
c) <i>The SDOH committee will mentor new pilots and make recommendations to DST regarding sustainable approaches to expanding successful strategies</i>		SDOH	
d) <i>Identify and document policy/advocacy positions regarding housing to support community, state, and federal initiatives</i>	Policy	SDOH	
Recommendation #7: Identify a process that supports connections between the SDOH Committee and CAC and invites and accepts recommendations from the CAC that address priorities outlined in the CHIP	General Alignment/ Collaboration	SDOH & CAC	
a) <i>Foster linkages between County & hospital CHIP workgroups to support alignment where possible</i>			

Food Security	IHN-CCO Role	Work Group	CAC CHIP Priorities
Recommendation #8: Establish a funding mechanism that supports access to healthy food	Direct Investment		SD3-4
a) <i>Review the current SDOH DST pilots to identify successful strategies</i>	General Alignment	SDOH	
b) <i>Call for proposals and select pilots that address any of the following strategies;</i> <ul style="list-style-type: none"> • <i>Provides screening and links access to food options in PCPCH and health care settings; such as veggie Rx, farmers market stands at clinics, food baskets at discharge</i> • <i>Improves referral pathways to healthy food options</i> • <i>Expands the capacity of community organizations to serve more individuals/families with healthy food options</i> • <i>Provides education and training on selecting and preparing healthy food options and assuring food safety</i> • <i>Flexible spending to support purchase of items to prepare and store healthy food</i> 		DST	
c) <i>The SDOH committee will mentor new pilots and make recommendations to DST regarding sustainable approaches to expanding successful strategies</i>		SDOH	
d) <i>Identify and document policy/advocacy positions regarding food security to support community, state, and federal initiatives</i>	Policy	SDOH	
Recommendation #9: Identify a process that supports connections between the SDOH Committee and CAC and invites and accepts recommendations from the CAC that address priorities outlined in the CHIP	General Alignment/ Collaboration	SDOH & CAC	
a) <i>Foster linkages between County & hospital CHIP workgroups to support alignment where possible</i>			

Transportation	IHN-CCO Role	Work Group	CAC CHIP Priorities
Recommendation #10: Establish a mechanism for funding transportation to activities identified in a health care management plan that is jointly agreed between the member and a service provider that promotes health and wellness	Direct Investment		SD2 SD4
a) <i>Review the current Well Care pilot with Ride Line to identify successful strategies</i>		SDOH	
b) <i>Call for proposals and select pilots that address any of the following strategies;</i> <ul style="list-style-type: none"> • <i>Increase awareness of transportation options currently available</i> • <i>Expand options for transportation in rural areas</i> • <i>Expand alternative options for 'real time' transportation such as; mileage reimbursement, Uber Health, volunteer bus option</i> • <i>Improve coordination of transportation and appointments between service providers</i> • <i>Screening to identify other gaps to accessing transportation</i> 	Convener	DST	
c) <i>The SDOH committee will mentor new pilots and make recommendations to DST regarding sustainable approaches to expanding successful strategies</i>		SDOH	
d) <i>Identify and document policy/advocacy positions regarding transportation to support community, state, and federal initiatives</i>			
Recommendation #11: Identify a process that supports connections between the SDOH Committee and CAC and invites and accepts recommendations from the CAC that address priorities outlined in the CHIP	General Alignment/ Collaboration	SDOH & CAC	All
a) <i>Foster linkages between County & hospital CHIP workgroups to support alignment where possible</i>			

Acronym List

APM – Alternative Payment Methodology
CAC – Community Advisory Council
CEU – Continuing Education Units
CHW – Community Health Worker
CHIP – Community Health Improvement Plan
CCO – Coordinated Care Organization
DST – Delivery System Transformation Committee
IHN-CCO – InterCommunity Health Network Coordinated Care Organization
OHA – Oregon Health Authority
PCPCH – Patient-Centered Primary Care Home
RHIC – Regional Health Information Collaborative
RPC – Regional Planning Council
SDoH – Social Determinants of Health
THW – Traditional Health Worker
UCC – Universal Care Coordination
VBP – Value Based Payments

CAC CHIP Areas

A – Access
BH – Behavioral Health
CY – Child and Youth Health
HL – Healthy Living
M – Maternal Health
SD – Social Determinants of Health and Equity