The Many Ways Community Health Centers Finance Social Care Programs

March 22, 2019
Webinar Reminders

1. Everyone is muted.
   - Press *6 to mute yourself and *7 to unmute.

2. Remember to chat in questions!

3. Webinar is being recorded and slides will be sent out to those that attended.
CCI Team

Megan O’Brien, Senior Program Manager

Veenu Aulakh, President

Diana Nguyen, Program Coordinator
What We Do Today
CCI transforms care for underserved populations by inspiring, teaching, and spreading innovation among organizations serving patients.

Build Capabilities
Catalyze Innovation
Spread Solutions That Work
How We Do It

Design and Deliver Programs
Partner with Experts
Convene People
Re-grant Money
ROOTS Program

In partnership with Blue Shield of California Foundation, CCI supported 7 organizations in California over 12 months through an innovation collaborative focused on the role of clinics in addressing the social determinants of health.
ROOTS Cohort

1. Asian Health Services
2. LAC+USC Medical Center, Primary Care Adult Clinics
3. LifeLong Medical Care
4. Northeast Valley Health Corporation
5. Petaluma Health Center Inc.
6. St. John’s Well Child and Family Center
7. West County Health Centers
Projects

Developing infrastructure and community linkages to address **housing and food insecurity**

Incorporating community partners into an integrated social and behavioral health model to address **food insecurity**

Improving data integration to assess and address **food insecurity** at the care team level
Projects

Developing strong referrals to assist pediatric patients and families experiencing food insecurity

Cultivating new partnerships to address unemployment and underemployment

Supporting the reentry population to stabilize and improve health and prevent recidivism

Developing a shared data platform with community partners to inform and address school absenteeism
Evaluation

• Case studies from the ROOTS program will be shared via CCI’s newsletter and on our website in the coming months.

https://www.careinnovations.org/community-centered-care/
How do safety net clinics fund social care programs?

Laura Gottlieb, MD, MPH
Social Interventions Research and Evaluation Network
University of California, San Francisco
March 22, 2019
Why health centers and safety net clinics?

Over 27 million patients served, including:

- Over 330,000 veterans
- Nearly 1.3 million homeless patients
- Over 955,000 migrant farmworkers

1 in 6 Medicaid beneficiaries
1 in 3 people below FPL
1 in 5 uninsured persons

70% 100% Federal Poverty Level (FPL) and Below

15% 101-150% FPL
7% 150-200% FPL
8% Over 200% FPL

NACHC: America’s Health Centers, Nov 2017
“Leveraging SDH is in CHCs’ DNA”*

To treat symptoms, and then to send patients back, unchanged in knowledge, attitude or behavior, to the same physical and social environment – also unchanged – that overwhelmingly helped produce their illness and will do so again, is to provide antibiotics for cholera and then send patients back to drink again from the Broad Street pump.

- Dr. Jack Geiger

*Institute for Alternative Futures: CHC Leveraging SDH, 2012. Slide adapted with permission from Lauren Taylor, PhD
This Project

- **Objective**: Explore range of financing strategies safety net clinics employ to support upstream work.

- **Methods**: Literature review and key informant interviews (30 thought leaders + leaders from 4 case study sites.)
Brief Overview of Findings

How do Safety Net Clinics Pay for Social Care Programs?

Laura Gottlieb, MD, MPH
Ne’emah Razin, MD, PhD
Noha Alseefi, MD
February 28, 2019

Federal grants
State grants
City and county grants
Private philanthropy
Social enterprise
The funding has been different every year. Well...the funding has been stable, but the source has changed....

[How do we fund the positions?] With paper clips, baling wire, and gray hair. So I have a board in my office and it’s covered with orange sticky notes...those are the funding streams.

We scramble and we make crazy and we deal with what we have.
Summary and Recommendations

- Tremendous human capital is involved in supporting SDH-related programming in safety net clinics, which can detract from other activities;

- Initiation and sustainability of these programs is still largely dependent on funding from federal, state, county, city, or private agency grants;

- Value-based payment opportunities are promising but not yet fully realized.
Presenters

CEO Leaders

• **Noha Aboelata**, MD, CEO of Roots Community Health Center, Oakland, California

• **Mike Tang**, MD, Clinical Director of Behavioral Health Integration at Dimock Center, Boston, Massachusetts

Reactor

• **Kersten Burns Lausch**, MPP, Director, State Affairs, National Association of Community Health Centers
East Oakland Life Expectancy, 2000-2003

Source: Alameda County Public Health Department, Community Assessment, Planning, and Education (CAPE) Unit. East Oakland Community Information Book Update, October 2005.
Roots Mission

to **uplift those who have been impacted by systematic inequities and poverty** by:

- Providing **culturally responsive**, comprehensive healthcare, mental health, and wraparound services
- Identifying *and addressing* **root causes** of illness suffering
- Emphasizing **self-sufficiency** and **community empowerment**
WHOLE HEALTH

CARE

NAVIGATION

EMPOWERMENT
No Wrong Door

- Adult Clinics/Mental Health
- Clean360/Career Development
- Legal Barrier Removal
- CalFresh/Medical Enrollment/Renewal
- Roots Intake Assessment
- Street Medicine
- Jail Health
- HOUSING

Navigation
CARE
Serving community with appropriate clinical services
NAVIGATION is about agency
EMPOWERMENT

is the foundation
FUNDING SOCIAL CARE PROGRAMS
In a Community Health Center

- DISCIPLINE
- DIVERSE REVENUE STREAMS
- CREATIVE ENTREPRENEURSHIP
DISCIPLINE

▪ Data-driven Development
▪ Say “No” Early
▪ Braid Funding & Integrate Service Delivery
DIVERSE REVENUE STREAMS

▪ Matching / Leverage
▪ Funding Goals
▪ Discretionary Revenue
CREATIVE ENTREPRENEURSHIP
Social Enterprise: Clean 360
Roots Community Health Center
Funding Social Care Programs in an Integrated Health Center

Michael Tang, MD
Pediatrician, Child Psychiatrist and Adult Psychiatrist
Clinical Director of Behavioral Health Integration
The Dimock Center

SIREN/CCI: The Many Ways Safety Net Clinics Finance Social Care Programs
March 22, 2019
The Dimock Center

- 9 acre campus in Roxbury (Boston) Massachusetts
- 49% Black, 31% Hispanic
- 73% on Medicaid, 10% uninsured
- 17,000 unique patients over 76,000 visit
Dimock Integrated Management

- Biopsychosocial Care in “Transformed” Primary Care
  - Outpatient Specialty Behavioral Health and SDoH services merged within primary care clinics

- Integrated Administration
  - Multidisciplinary team reports to the same manager
  - Allows for unified physical space, patient-centered workflows, merged culture

- Spectrum of SDoH Services
  - Warm Handoffs, Rapid Resource Referrals, Long-Term
Integrated Organizational Chart

Chief Medical Officer

Adult Medicine Clinic Director

- MEDICAL:
  - 5.0 FTE MD Internists
  - 1.0 FTE Nurse Practitioner
  - 2.0 FTE MAT Team
  - Nurses
  - Medical Assistants

- BEHAVIORAL HEALTH:
  - 1.2 FTE Access Therapists
  - 5.0 FTE BH Clinicians
  - 3.0 FTE Substance Use Disorder Clinicians
  - 1.1 FTE Psychiatrists

- RESOURCE SUPPORT:
  - 3.0 FTE Resource Specialists

Pediatrics Clinic Director

- MEDICAL:
  - 2.2 FTE MD Pediatricians
  - 2.0 FTE Nurse Practitioners
  - Nurses
  - Medical Assistants

- BEHAVIORAL HEALTH:
  - 1.0 FTE Access Therapist
  - 4.0 FTE BH Clinicians
  - 0.3 FTE Child Psychiatrist

- RESOURCE SUPPORT:
  - 2.0 FTE Family Partner
  - 1.0 Pedi/OB CHW
  - 1.0 FTE Resource Manager
  - 2.0 FTE Volunteers

Behavioral Health Integration Director

- MEDICAL:
  - 2.0 FTE Nurse Practitioners

- BEHAVIORAL HEALTH:
  - 4.0 FTE BH Clinicians

- RESOURCE SUPPORT:
  - 2.0 FTE Care Coordinators

ACO Care Management:

- 1.0 FTE Nurse
- 1.0 FTE BH Clinician
- 2.0 FTE Care Coordinators

OB/GYN

Eye
Dental
HIV Clinic Directors
Common Elements for CHWs

1. All have SDoH as a core responsibility and “hook”
2. All use the same SDoH software
   - Resource database crowdsourced and always updated
   - Care management software tracks outcomes & contacts
3. All supervised by a Behavioral Health Clinician
Integrated Organizational Chart

Chief Medical Officer

Adult Medicine Clinic Director
- MEDICAL:
  - 5.0 FTE MD Internists
  - 1.0 FTE Nurse Practitioner
  - 2.0 FTE MAT Team Nurses
  - Medical Assistants

  - BEHAVIORAL HEALTH:
    - 1.2 FTE Access Therapists
    - 5.0 FTE BH Clinicians
    - 3.0 FTE Substance Use Disorder Clinicians
    - 1.1 FTE Psychiatrists

  - RESOURCE SUPPORT:
    - 3.0 FTE Resource Specialists

Pediatrics Clinic Director
- MEDICAL:
  - 2.2 FTE MD Pediatricians
  - 2.0 FTE Nurse Practitioners
  - Nurses
  - Medical Assistants

  - BEHAVIORAL HEALTH:
    - 1.0 FTE Access Therapist
    - 4.0 FTE BH Clinicians
    - 0.3 FTE Child Psychiatrist

Behavioral Health Integration Director
- BEHAVIORAL HEALTH:
  - 1.0 FTE Access Therapist
  - 4.0 FTE BH Clinicians
  - 0.3 FTE Child Psychiatrist

  - RESOURCE SUPPORT:
    - 2.0 FTE Family Partner
    - 1.0 Pedi/OB CHW
    - 1.0 FTE Resource Manager
    - 2.0 FTE Volunteers

ACO Care Management:
- 1.0 FTE Nurse
  - 1.0 FTE BH Clinician
  - 2.0 FTE Care Coordinators

OB/GYN
- Eye
- Dental
- HIV Clinic Directors
Funding Sources

1. Volunteers
2. Private
   - Family Foundation
3. Public
   - City Public Health Grant
   - State Medicaid
4. Institutional
Funding Evolution

1. Pediatric Volunteers
   - 2010: Volunteers recruited and trained by nonprofit
   - 2015: Volunteers recruited by the Dimock Resource Program Coordinator staffed by Foundation grant

3. Pediatric Family Partners
   - 2014: City behavioral health integration grant
   - 2015: Foundation grant
     FSpecialization in Early Childhood

5. Obstetrics Community Health Worker
   - 2004: City public health grant to reduce infant mortality rates in underserved communities
   - 2019: DSRIP and Foundation, merging with Pediatrics
Funding Evolution

6. Adult Medicine Resource Specialists
   - 2014: Institutional
   - 2015-2018: ACO DSRIP and Institutional

7. Accountable Care Management
   - 2018: High-Utilizer Care Management Program
   - 2018: Behavioral Health Care Management Program (BHCP)
Synergy with Behavioral Health Integration

- Resource support services enable a Behavioral Health Clinician to focus on billable therapy

| Average weekly therapy minutes and monthly payments received from insurance before and after resource support implementation |
|--------------------------------------------------|--------------------------------------------------|
| Before intervention | After Intervention |
| Mean cumulative time per week conducting therapy (in minutes)$^a$ | 223.71 minutes [195.65-251.78] | 267.76 minutes [240.40-295.12] |
| Mean monthly payments (in dollars) using method 1$^b$ [95% confidence interval] | $804.10 [$680.99-$927.22] | $1,258.43 [$1,090.62-$1,426.24] |

- Average of over $5,400 in increased insurance payments in ~1 year
- Effect size = 0.65 (Cohen d)
ACO Funding

Massachusetts Medicaid started ACO in March 2018

1. ACO Infrastructure Funding
   • Delivery System Reform Incentive Payments (DSRIP)

2. Quality Metrics
   • Universal SDoH Screening

3. Flexible Services
   • Housing and Food

4. Special Populations
   • High Utilizers and Behavioral Health

5. Value-Based Return on Investment (?)
Challenges

- Every funding source has its specific needs
  - Qualifications, job duties, data
- Single vs. Multiple workflows
  - Patients asking “Who are you?”
- Technology integration: Double/triple documentation
- Will the ACO have enough quality data to show a return on investment for SDoH efforts?
Conclusion

- An integrated administration can enable synergies between medical, behavioral health and SDoH work
- Commonalities and grant-specific differences in the various community health worker roles
- Cobbling together funding can advance the overall mission of addressing SDoH
- ACOs are promising, but not at sustainability yet
Questions?

Please complete the post-webinar survey that will pop up after the webinar.