

March 22, 2019





- 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

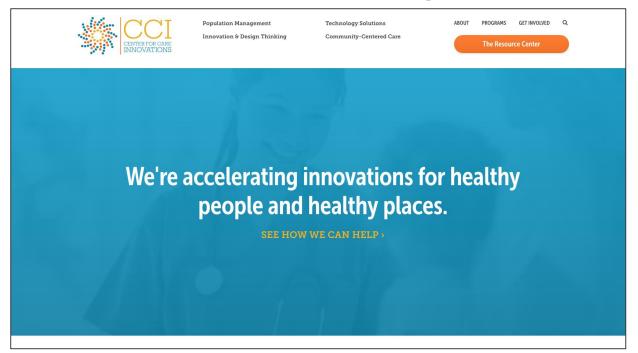


Developing a **shared data** platform with community partners to inform and address school absenteeism



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 SIRENetwork.ucsf.edu

























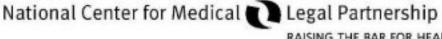


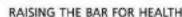
















INSTITUTE OF MEDICINE

OF THE NATIONAL ACADEMIES











Why health centers and safety net clinics?

Over 27 million patients served, including:













70% 100% Federal Poverty Level (FPL) and Below 15% 101-150% FPL 7% 150-200% FPL

7% 8% 150-200% FPL 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

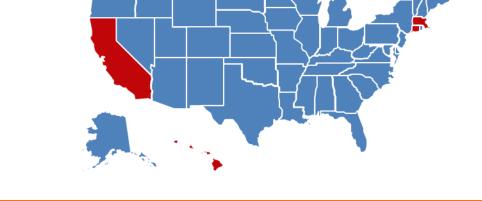
*Institute for Alternative Futures: CHC Leveraging SDH, 2012. Slide adapted with permission from Lauren Taylor, PhD

This Project

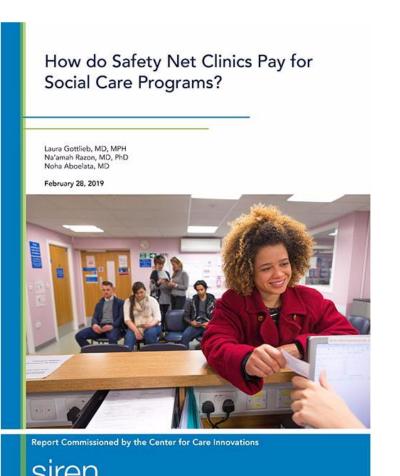
Objective: Explore range of financing strategies safety net clinics employ to support upstream work.

> Methods: Literature review and key informant interviews (30 thought leaders + leaders from 4 case

study sites.)



Brief Overview of Findings



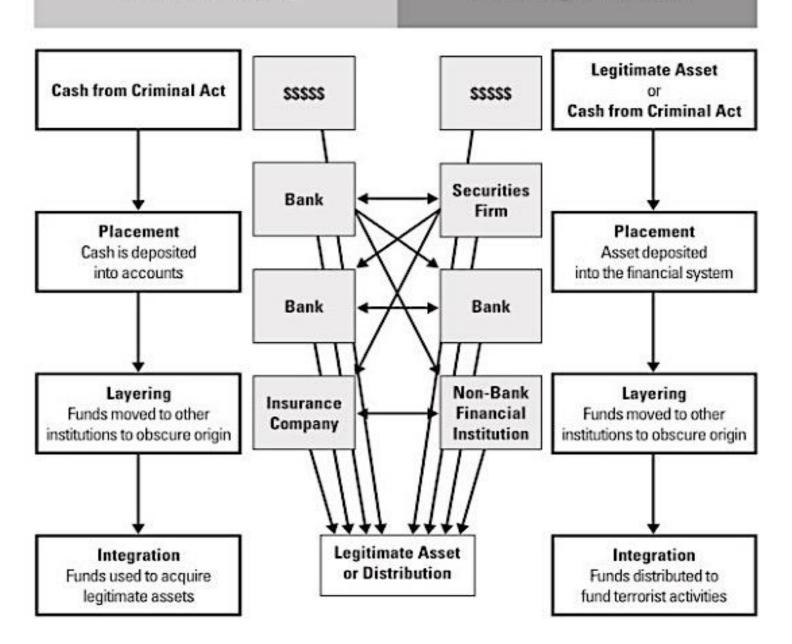
https://sirenetwork.ucsf.edu/too ls-resources/resources/how-dosafety-net-clinics-pay-socialcare-programs



entions Research & Evaluation Network

Money Laundering

Financing of Terrorism



FQHC Rates

MAA, TCM, & BHAI

Waivers, SPAs, & other VBP

Federal grants

State grants

City and county grants

Private philanthropy

Social enterprise

Funding Complexity

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 SDHrelated 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

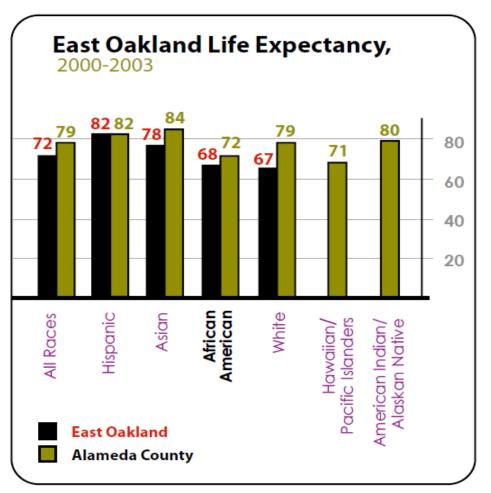
- Noha Aboelata, MD, CEO of Roots Community Health Center, Oakland, California
- Mike Tang, MD, Clinical Director of Behavioral Health Integration at Dimock Center, Boston, Massachusetts

Reactor

• Kersten Burns Lausch, MPP, Director, State Affairs, National Association of Community Health Centers







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





STOMP (Mobile Clinic)

Oakland



Roots New Headquarters East Oakland (coming soon)



Roots South Bay San Jose



Roots Pediatrics
Oakland (Fruitvale)



Dream Youth Clinic

Downtown Oakland



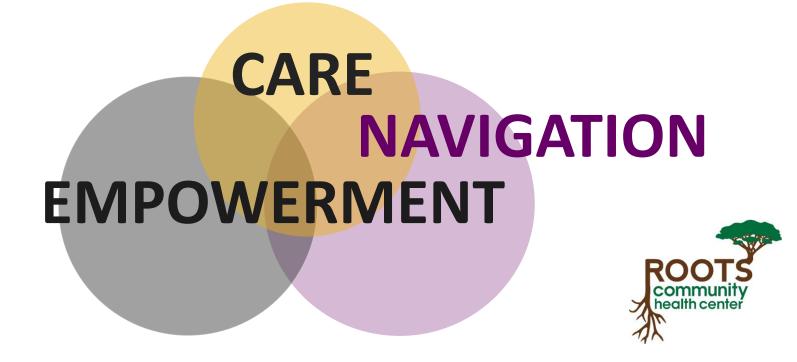
Emancipators Academy
North Oakland

Peralta Colleges Alameda County

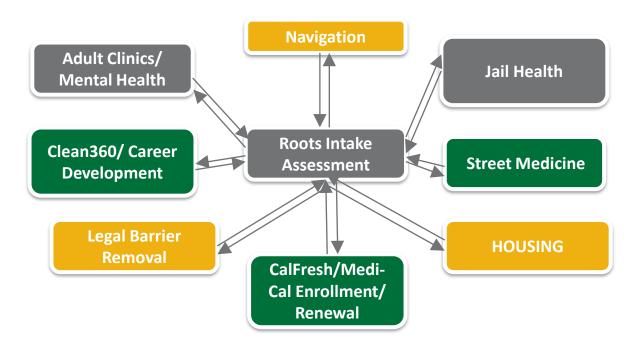


Social Enterprise Retail Stores
North & East Oakland

WHOLE HEALTH



No Wrong Door





CARE

Serving community with appropriate clinical services





Seriously









FUNDING SOCIAL CARE PROGRAMS

In a Community Health Center

- DISCIPLINE
- **DIVERSE REVENUE STREAMS**
- CREATIVE ENTREPRENEURSHIP

How do Community Health Centers
Pay for Social Care Programs?

Laza Gorlich, MD, MPH
Notamel Razes, MD, PhD
Noha Abcellas, MD
February 28, 2019

Report Commissioned by the Center for Care Innovations
SICO
Social Interventions Research & Evaluation Network



DISCIPLINE

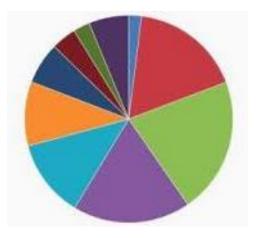
- Data-driven Development
- Say "No" Early
- Braid Funding &Integrate Service Delivery





DIVERSE REVENUE STREAMS

- -Matching / Leverage
- Funding Goals
- Discretionary Revenue





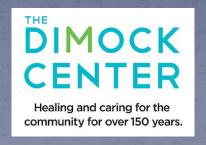
CREATIVE ENTREPRENEURSHIP



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



The New England Hospital for Women and Children, Dimock Street, Roxbury, Mass.

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

ш.

Behavioral Health Integration 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

o.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

2.0 FTE Care Coordinators

OB/GYN

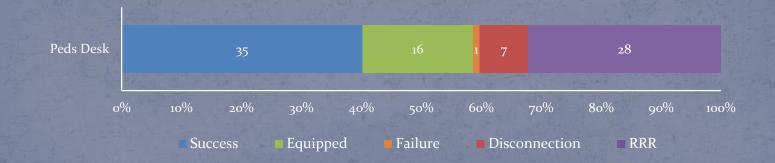
Eye

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



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HIV Clinic Directors

Funding Sources

- 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	223.71 minutes [195.65-251.78]	267.76 minutes [240.40-295.12]
minutes) ^a		
Mean monthly payments	\$804.10	\$1,258.43
(in dollars) using method 1 ^b	[\$680.99-\$927.22]	[\$1,090.62-\$1,426.24]
[95% confidence interval]		

- 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

- 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

