

Mini-Summit #6: SDoH Identification Tools
and Dx Coding: Monitoring and Evaluating
Health Outcomes in Value-based Care

13th National Value-based Payment and P4P
Summit, 3/1/18

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Causes of Premature Death in US, 1994

(Foegen & McGinnis)

- Socio-behavioral 51%
- Genetic 20%
- Environmental 19%
- Access to Health Services 10%

Health Does Not Begin In A Doctors Office...

Clinical care

(Small part of the iceberg)

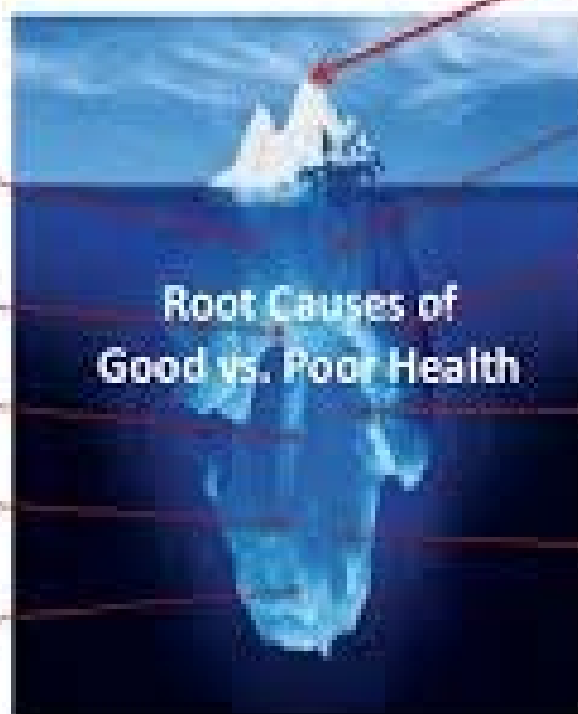
Access to healthy
and affordable
food

Built-environment

Race / Ethnicity

Economic
opportunity

Educational
opportunity



**Root Causes of
Good vs. Poor Health**

Safe places for kids
to learn and play

Food and beverage
environment in
schools

Socioeconomic
status / income

Other social
determinants of
health

Social Determinants of Health

1. The need for policies to prevent people from falling into long-term disadvantage
2. How the social and psychological environment affects health
3. The importance of ensuring a good environment in early childhood
4. The impact of work on health
5. The problems of unemployment and job insecurity
6. The role of friendship and social cohesion
7. The dangers of social exclusion
8. The effects of alcohol and other drugs
9. The need to ensure access to supplies of healthy food for everyone
10. The need for healthier transport systems

The Solid Facts – WHO, 1998

WHO 2008: Closing the gap in a generation ---
- Health equity through action on the social determinants of health

- Improve Daily Living Conditions
- Tackle the inequitable distribution of power, money and resources
- Measure and understand the problem and assess the impact of action

Value-based Payment Reform

- Medicare Shared Savings Program:
 - 480 ACO's as of 1/1/17
- Medicaid ACO's in 10 states
- 32 Accountable Health Communities Models
- Patient Centered Medical Homes
 - 12,000 practices
 - 60,000 clinicians

California's Whole Person Care Pilot Program, 2016

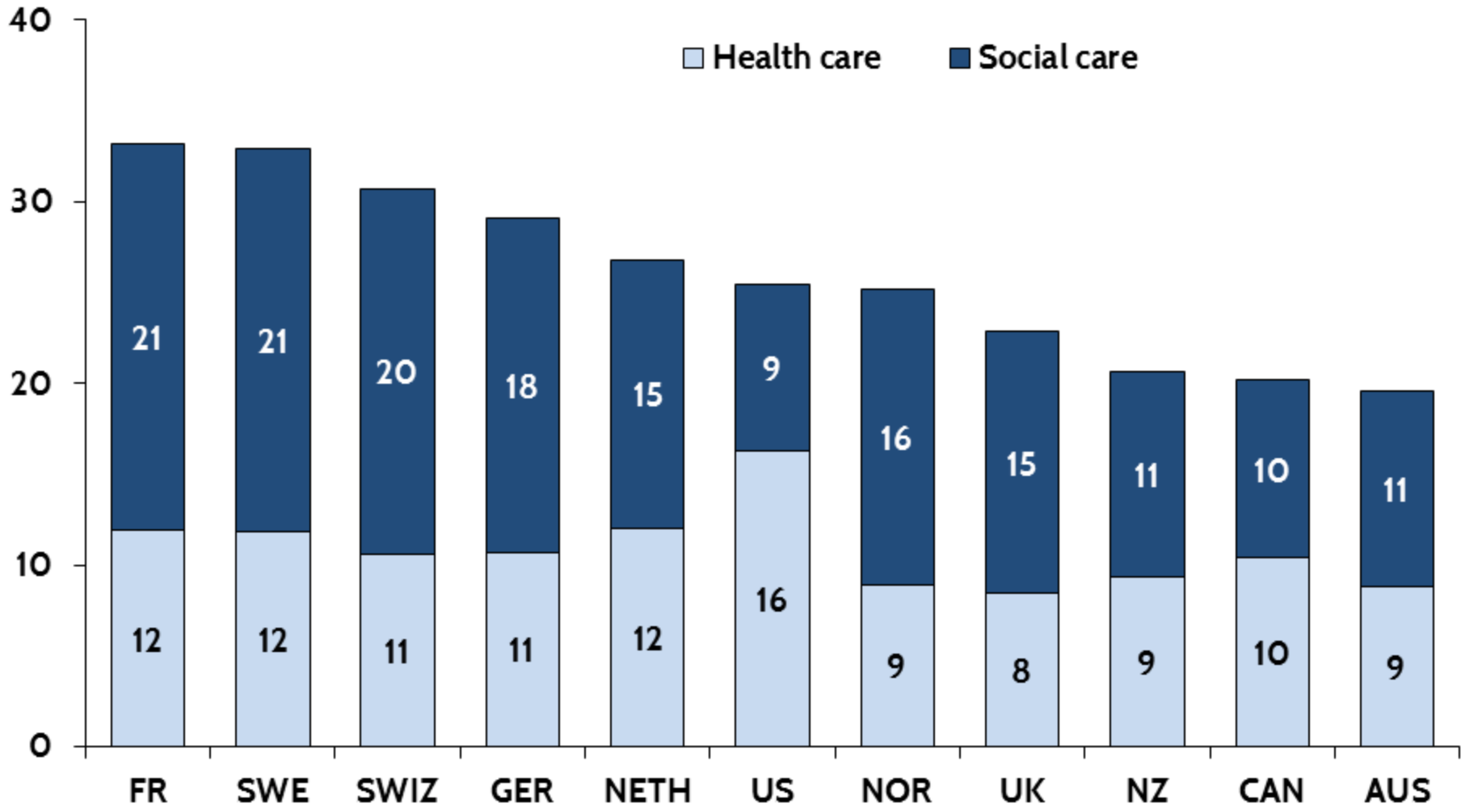
- Section 1115 Waiver, Medicaid 2020
- \$3 Billion over 5 years
- coordinate health, behavioral health, and social services to improve Medi-Cal beneficiaries' health outcomes
- focus on supporting the homeless population, enhancing care coordination, and sharing patient data across providers.
- Target population: high utilizers, homeless, with mental health or substance use disorder, and recently released from institutions.

Figure 1: WPC Pilot Locations and Size



Exhibit 8. Health and Social Care Spending as a Percentage of GDP

Percent



Notes: GDP refers to gross domestic product.

Source: E. H. Bradley and L. A. Taylor, *The American Health Care Paradox: Why Spending More Is Getting Us Less*, Public Affairs, 2013.

POPULATION HEALTH

By Elizabeth H. Bradley, Maureen Canavan, Erika Rogan, Kristina Talbert-Slagle, Chima Ndumele, Lauren Taylor, and Leslie A. Curry

Variation In Health Outcomes: The Role Of Spending On Social Services, Public Health, And Health Care, 2000-09

ABSTRACT Although spending rates on health care and social services vary

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“States with a higher ratio of social to health spending had significantly better subsequent health outcomes

Bradley EH: Variation in health outcomes: the role of spending on social services, public health and health care.
Health affairs 35 #5 may 2016 pp 760-68

Desired Outcomes

- Increased knowledge of
 - a) current tools used to identify SDOH in clinical settings and
 - b) SDOH diagnostic coding that is both currently available and the developmental process
- Sharing lessons learned: SDOH screening pilot
- Exploring the impact that integration of SDOH coding will have on care management and health outcomes, risk adjustment and health analytics.