American Hospital Association®

Ensuring Access to Vulnerable Communities

An Executive Leadership Series for Urban and Rural Safety-net Hospitals

Social Determinants of Health

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AHA Task Force on Ensuring Access in Vulnerable Communities

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Task Force Background

Ensuring Access to Health Care in Vulnerable Communities Task Force

- Confirm the **characteristics and parameters** of vulnerable rural and urban communities by analyzing hospital financial and operational data and other information from qualitative sources where possible;

- Identify **emerging strategies, delivery models and payment models** for health care services in rural and urban areas;

- Identify **policies/issues at the federal level** that impede, or could create, an appropriate climate for transitioning to a different payment model or model of care delivery, as well as identify policies that should be maintained.

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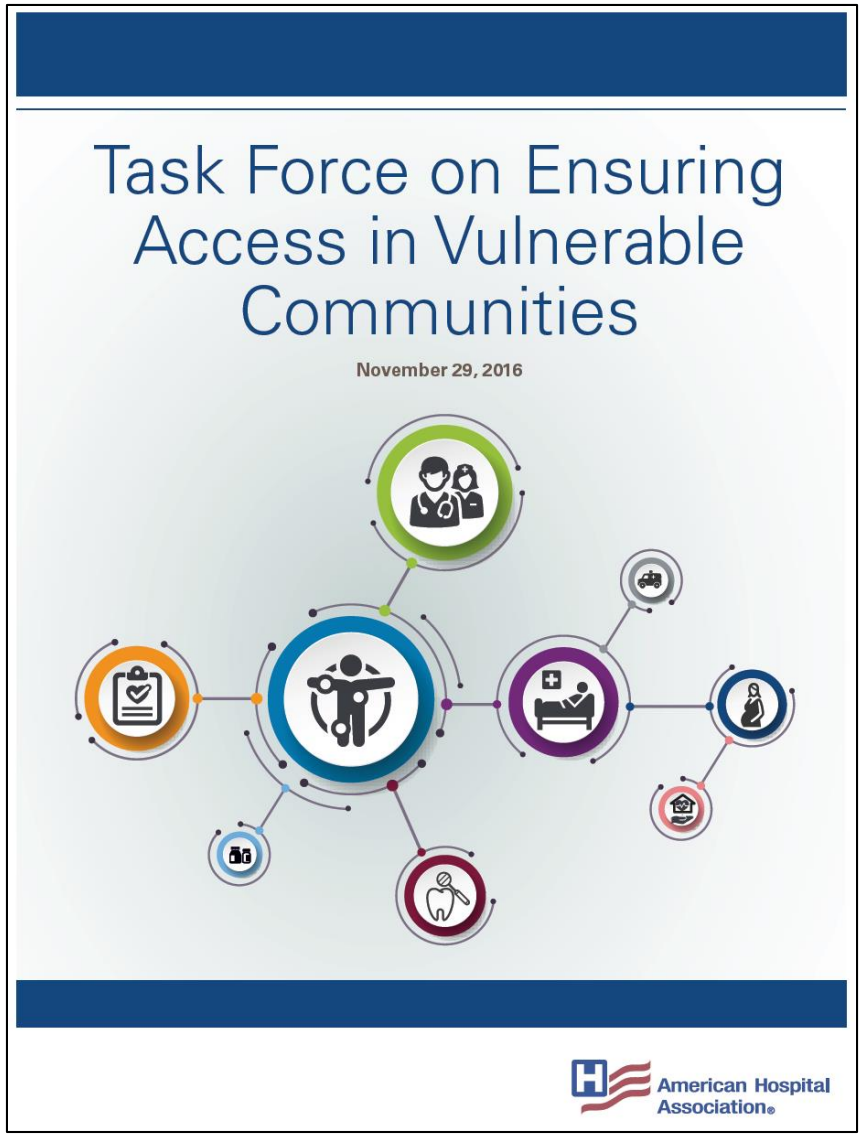
Task Force Report



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Emerging Strategies

Virtual Care Strategies

Social Determinants

Inpatient/Outpatient Transformation

Urgent Care Center

Rural Hospital-Health Clinic

Emergency Medical Center

Global Budgets

Frontier Health System

Indian Health Services

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Social Determinants

Social challenges often prevent individuals from accessing health care or achieving health goals. Some domains of common health-related social challenges:

- Housing instability
- Utility needs
- Food insecurity
- Interpersonal violence
- Lack of transportation
- Lack of adequate family and social support
- Low levels of education
- Lack of employment/low income
- Risky or harmful health behaviors

Social Determinants

This strategy includes:

- **Screening patients to identify unmet social needs;**
- **Providing navigation services to assist patients in accessing community services; and**
- **Encouraging alignment between clinical and community services to ensure they are available and responsive to patient needs.**

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Social Determinants of Health 2017

CHI Health Good Samaritan Hospital/ UniNet

CHI Health

Good Samaritan

UniNet

Healthcare Network

Ken Shaffer, M.D.
Medical Director, UniNet
CHI Health Good Samaritan, Kearney, Neb.

UniNet's Kearney chapter was formed in 2013, and we've focused on creating clinical initiatives that will help local providers achieve the triple aim: improved health of the population, decreased per capita cost and improved patient experience.

CHI Health Good Samaritan Hospital

- **CHI Health Good Samaritan is located in Kearney, NE**
  - **Regional referral center with helicopter and ambulance services to central Nebraska and northern Kansas.**
  - **Services include a Level II trauma center, Level II NICU, and full cardiovascular services including cardiovascular surgery. GSH is participating in CMS joint bundle.**
  - **Approximately 60% of our admissions are from outside of Kearney and Buffalo County.**
  - **Physician staff include both salaried and private practice.**

UniNet
Healthcare Network

UniNet 2017

- **UniNet is a physician-driven, clinically integrated network (CIN).**
- **UniNet was formed in 1998 and is a partnership of independent and employed physicians, facilities, ancillaries, collaborating hospitals, and post-acute care providers working to improve patient outcomes while lowering the overall cost of care.**
- **UniNet has more than 3,000 providers with chapters in Kearney, Grand Island, Lincoln, and Omaha, and 36 hospitals.**
- **UniNet has 2 MSSP/ACO products, one Tract 3 in Omaha, value based contracts with the Medicaid MCOs in NE, and value based contracts with BCBS beginning 7/1/17.**

UniNet
Healthcare Network

CHI Health Good Samaritan/UniNet

- **Inpatient care management and utilization review staff, across CHI Health, became employees of UniNet in 2016; thereby promoting better coordinator of care and services across our care team.**
- **UniNet supports primary care practices' outpatient care management by training care managers and PMPM payments if possible.**
- **Communication between care managers of needed and provided services across the care team is provided by TAV Connect, a cloud based service.**
- **Actively developing post acute care networks in each of our chapters.**

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CHI Health Good Samaritan/UniNet

- **We believe the social determinates in a patient's/family's life are critical in the success of the engagement and care of the patient.**
- **Even more important is making sure the entire care team, inpatient, outpatient, post acute care, etc. communicates!!!!!**
- **The success of value based care, which is driving payment reform, will depends on a community of integrated providers caring for the patient. (similar to it take a village to raise a child)**

UniNet
Healthcare Network

Yale NewHaven Health

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Addressing Social Determinants of Health

June 20, 2017

Yale New Haven Health Representatives

Augusta Mueller
Community Benefits Manager

Andrew Orefice
Program Coordinator

Yale
NewHaven
Health

Historic Perspective

- The Hill was historically a thriving residential and industrial neighborhood
- Home to many immigrants
- Low income but with jobs
- New Urbanism in 1950's: "highway to nowhere"
- Industry closed or left
- Population became isolated

Yale
NewHaven
Health

Current Condition

- 42% do not feel safe enough to go for walks in their neighborhood at night
- 25% of residents are unemployed, the highest among all of New Haven's low-income neighborhoods
- 22% home ownership rate
- 69% are low income, 43% at or below poverty

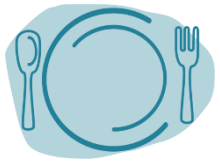
Yale NewHaven Health

Source: 2015 Community Alliance for Research & Engagement New Haven Health Survey

2015 Health Status

15% of residents report “excellent” health compared with 28% statewide

74% of residents are overweight or obese compared with 62% statewide



38% of residents report food insecurity (highest in the city) compared with 12% statewide

38% of residents report daily smoking (highest in the city) compared with 26% statewide

20% of residents have asthma compared with 13% statewide

Yale NewHaven Health

Source: 2015 Community Alliance for Research & Engagement New Haven Health Survey, 2015 Connecticut Wellbeing Survey

Habitat for Humanity

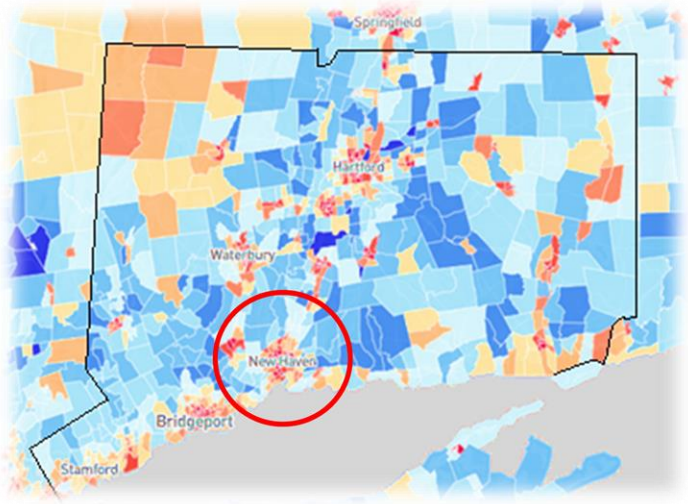
- Relationship initiated in 2008
- Nine builds to date, most in the Hill
- Hundreds of volunteers and thousands of hours
- Concentrating on Vernon Street: one block at a time

Yale NewHaven Health

Lead Poisoning & Regional Treatment Center

- Started in 1992
- One of two lead programs in CT
- Over 4,000 visits annually
- Results: From >1,200 annual visits to <120

CT Cities Ranked by Childhood Lead Poisoning Prevalence



1. New Haven
2. Bridgeport
3. Waterbury
4. Hartford
5. Meriden
6. New Britain
7. Stamford
8. Norwalk
9. Norwich
10. Torrington

*Covered by YRLTC

75% of the Connecticut housing stock is built before 1978 – the year in which lead-based paint was banned from residential homes

Yale NewHaven Health

Home Ownership Made Easy (H.O.M.E.) Program

- Recently celebrated H.O.M.E. 10th anniversary
- Up to $10,000 in forgivable, 5-year loans
- $200/month mortgage subsidy for homes in challenged neighborhoods around medical campus
- 140 first time homebuyers

Yale NewHaven Health

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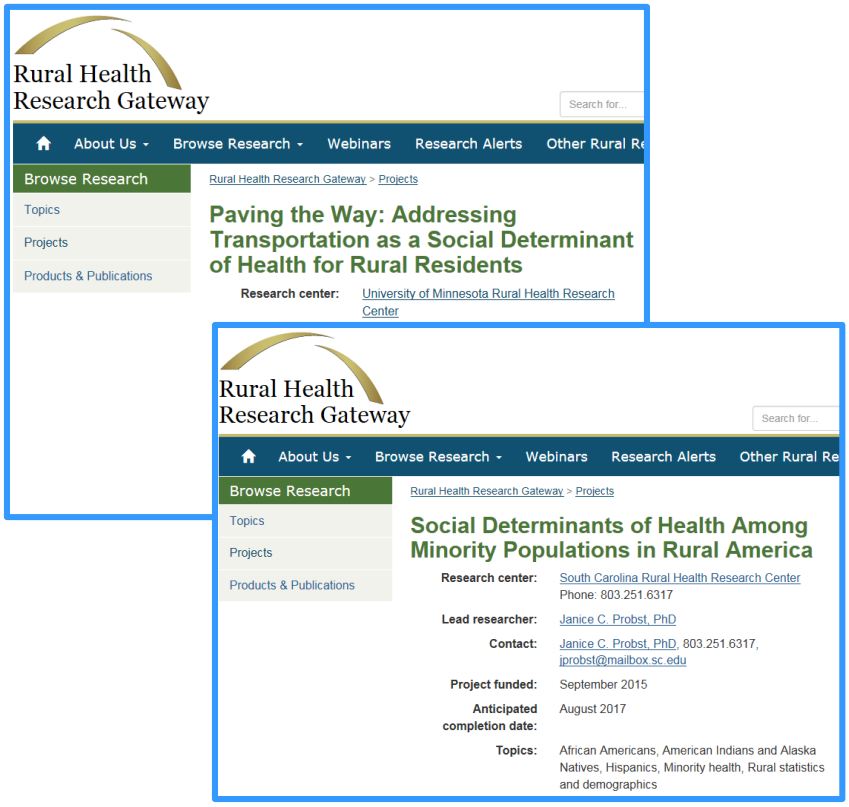
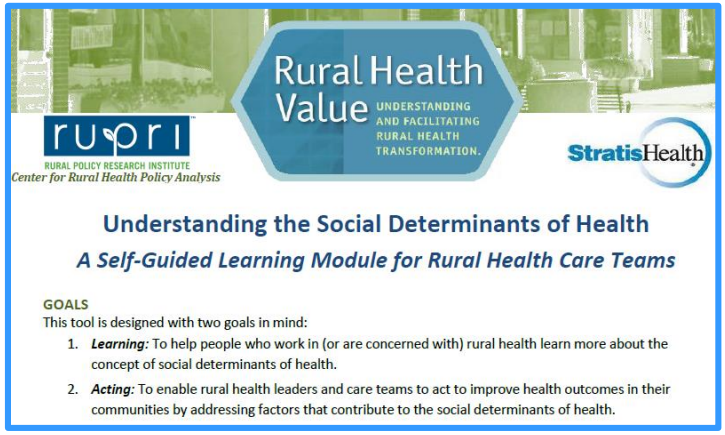
Tools





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Discussion

We invite your questions and comments.

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