



TREATING THE WHOLE PATIENT: ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH

Academy Health Payment Reform Meeting
October 24, 2014



"I really appreciate it. I have been in such a bad way that I just could not help myself. I appreciate you being so patient and helping me and being so persistent in helping me get this done. I have just been in such a depression, physically and emotionally, that I just wasn't worth much. Thank you for being my backbone and my sense in helping me go through the different processes."

Mrs. F, 72 years old

AGENDA

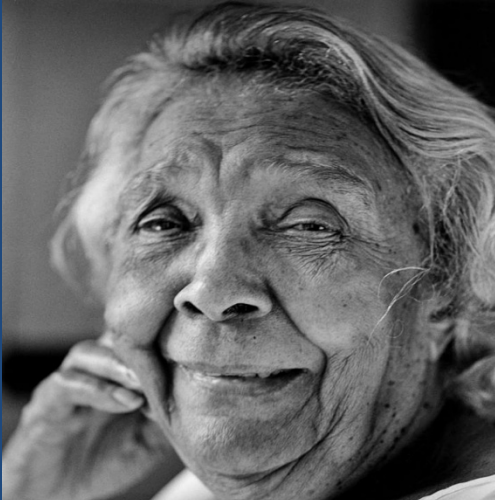
- About Benefits Data Trust
- Service Delivery Model
- Value Proposition
- Potential Payment Models
- Next Steps



ABOUT BDT

“Benefits Data Trust is a hub of a new outreach and enrollment system that combines a multi-agency back-office innovation with the individual agencies’ need to qualify applicants separately for each program.”

Feather O'Connor Houston,
Former President of the William
Penn Foundation; appeared in
*Governing: Connecting America's
Leaders*



MISSION: BDT is a national not-for-profit organization committed to transforming how people in need access public benefits.

VISION: BDT believes all vulnerable individuals and families across the country should be able to secure the benefits that enable them to achieve stability.

To this end, BDT partners with diverse entities to create a benefits access system that is **simple, comprehensive, and cost effective.**



Overcoming

Barriers to Access

Lack of Knowledge

Individuals do not know they are eligible or how to seek assistance

BDT uses existing government data to identify, outreach to, and educate individuals who are highly likely eligible for benefits. This allows BDT to proactively target individuals in need.

Application

The application process is often cumbersome and difficult to navigate

BDT provides highly trained staff to assist individuals through the application process, from start to finish. BDT even assists individuals with collecting the documents required for enrollment.

BDT's custom technology system allows individuals to answer questions only once, yet complete multiple benefit applications.

Mobility

Individuals cannot get to an application site to complete the application

BDT uses a contact center model and conducts all of its outreach and application assistance over the phone. Individuals never need to leave their homes.

Stigma

Individuals are proud and fear the stigma of receiving welfare

BDT trains its Benefits Outreach Specialists to speak to clients with respect and help them understand that benefits help individuals when they need them.

Technology

Seniors in need are not able to apply on-line without assistance

While more individuals are using technology, the digital divide still exists for low-income individuals, especially seniors. BDT provides the hands on approach it takes to help individuals through the benefit application process.

Transforming benefits access.

Service Delivery Model



1.



Targeted Identification

Individuals eligible for one federal or state benefit are often eligible for other benefits. BDT uses data to target individuals eligible but not receiving benefit programs.

Programs that utilize lists of likely eligible individuals incur, on average, **40%** lower costs than those that do not.¹

2.



Effective outreach

BDT uses direct mail and outbound contact strategies to conduct targeted outreach and effectively communicate with individuals in need.



Programs that use a trained phone-based application assistance model incur **1/2** the cost of face-to-face models.²

3.

In-depth Application Assistance and Simplification

BDT utilizes a contact center approach to help responders apply for multiple benefits. BDT works with state partners to use verified data to simplify and streamline the application process.

- Cost savings are realized in fewer errors and redundancy of entering same data multiple times.⁴
- Screening for multiple benefits at one time creates cost savings.³

Pre-populating forms from existing data sources can generate a saving of over **3x** the cost of traditional

4.

Follow-up & Submission

BDT's customized technology allows any Benefit Outreach Specialist to provide accurate follow-up to an applicant. BDT's ability to help clients gather necessary documentation is a factor in BDT's exceptional enrollment

- For every 10,000 applications submitted via batch processing approximately **\$70,000** in staff time is saved.
- Submitting applications electronically to administering agencies reduces mailing costs.

- Able to generate customized follow-up letters, as opposed to spending time typing letters one-by-one.
- "Batch processing" allows BDT to save up to 20 minutes per submission.



5.

Evaluation & Dissemination

The BDT model is results-oriented and outcomes driven. On an ongoing basis, BDT evaluates project effectiveness and shares solutions to make benefits access more simple, comprehensive, and cost-effective.

- Analysis informs BDT's ability to focus on using best practices, across geographies and populations.
- The sharing of best practices allows for streamlined processes and cost-efficient systems.
- Success is measured immediately and revised if necessary.
- BDT is able to verify enrollment rates and sees rates of as high as 80%

1,2,3,5: Access to Benefits Coalitions, Pathways to Success: Meeting the Challenge of Enrolling Medicare Beneficiaries with Limited Incomes. 2005
4: Simplifying Public Benefits: <http://www.stateinnovation.org/Publications/All-Publications/Simplifying-Public/PublicBenefits.aspx>

SINCE 2005, BDT HAS...

"Look what you're doing for me: this benefit amount is equivalent to my monthly mortgage payment (\$219).

I'm so glad you didn't let me drop through the cracks. I would have. I was really, really scared. I'm so grateful."

*Ms. A
Qualified for \$200/month in SNAP benefits*



415,000
Individuals applied for
\$1 billion
in public benefits

Generated an estimated
\$2 billion
in economic activity

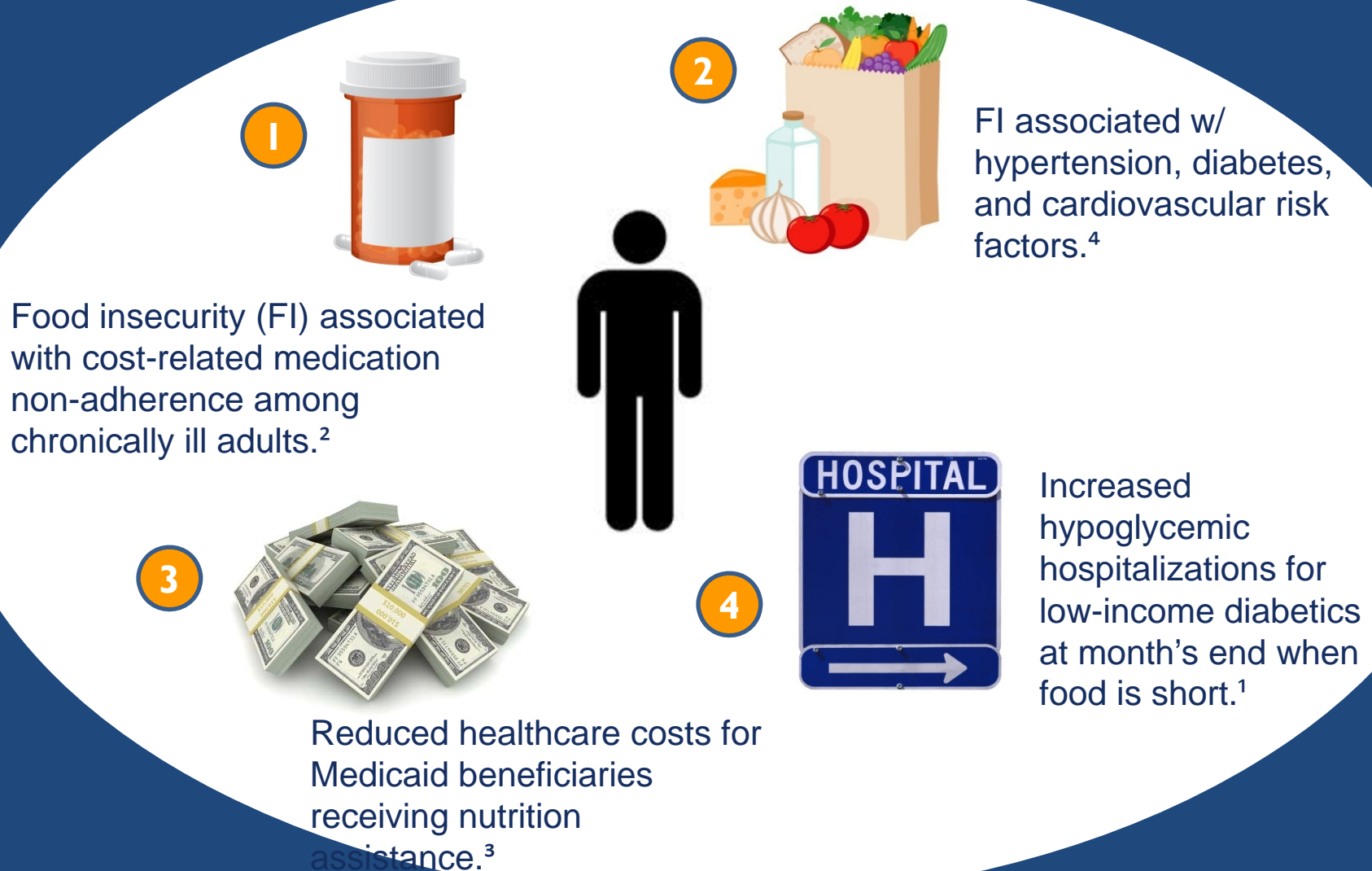
Operated in
**5 states &
Nationally**

80%
Enrollment
Rate

40%
Response rates
to
direct mail
strategies

Saved the State of Pennsylvania
4,000 hours/year
in case worker time

HEALTH CARE VALUE PROPOSITION



UTILIZATION RESEARCH IN MD

"In the past, I have felt that certain Customer Service Reps were not sensitive to my needs and provided the quickest and most convenient solution to my problems from their perspective. But not in this case...I am completely satisfied. "

*Mr. G.
Qualifies for \$233/month in SNAP
benefits*

- **Analysis:** Matched SNAP and MEAP enrollment data with Medicaid claims data for aged dual eligibles living in the community
- **Research Partners:** DHR, DHMH, the Hilltop Institute at UMBC, Johns Hopkins University
- **Preliminary Findings (unpublished):**
 - 44% of Dual Eligibles in Maryland are not enrolled in MEAP or SNAP
 - 36% of Dual Eligibles not receiving SNAP/MEAP have High or Very High Co-Morbidity
 - Duals Eligibles **not** receiving SNAP/MEAP are:
 - More likely to have a **nursing home stay**
 - More likely to be **hospitalized**



POTENTIAL PAYMENT MODELS

"We're in a different place financially now than we were many years ago. I've never had to ask for help from anybody and this was just magical. It's brought some optimism back into a dark situation. I would be lost and overwhelmed without you."

*Mrs. H, 66 years old
Qualifies for \$500 in Property
Tax and Rent Rebate and
\$367 /month in SNAP benefits*



- Biggest source of **untapped funding** to support vulnerable patients comes from state and federal public benefits
- Resources are needed to **systematically** connect eligible patients to these benefits and **monitor impact** on outcomes/cost
- **A few caveats:**
 - Models are **just ideas** for discussion
 - Informed by recent conversations with Medicaid managed care plans and Medicare Advantage plans
 - Provider feedback is missing (**please speak up!**)

MODEL 1: INSURANCE BENEFIT

"I have received my SNAP card and it is in effect. I was amazed. Within two weeks I got my card. I also got the PACE card. I did get my (Property Tax and Rent) rebate check, too! You've been helpful with everything. Everybody has been extremely helpful. Keep doing what you do. I'm sure there are a lot of satisfied people like myself out there. Thanks to all of you."

*Mr. W.
Qualifies for \$109 in monthly*



Enrollment services
offered to all plan
members

Expected to improve
health, customer
satisfaction, and loyalty

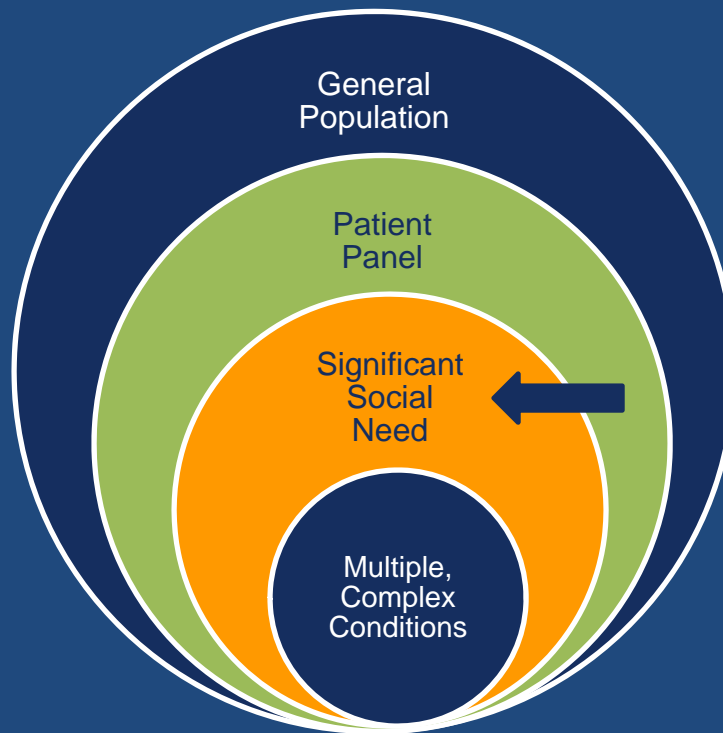
Built into
PMPM cost

Most effective for stable
enrollment groups
(e.g. seniors)

Short-term impacts
most likely for members
with chronic conditions
(e.g. nutrition-sensitive)

MODEL 2: COORDINATED CARE

- Contracted service at provider level in health home / global budget model
- More cost-effective for patients w/ social needs but not nurse-managed care coordination
- More effective and measurable than community referrals
- Data-driven approach allows evaluation of intervention impact at both individual and population levels



Population Management Approach

"I would like to say thank you to each and every one who helped me get Food Stamps that I so badly need...I have gone shopping twice and I am very surprised at how helpful food stamps are in supplementing the expense of going food shopping. Thank you very much again for all your help."

Mrs. G,
Qualifies for \$84/month in
SNAP benefits

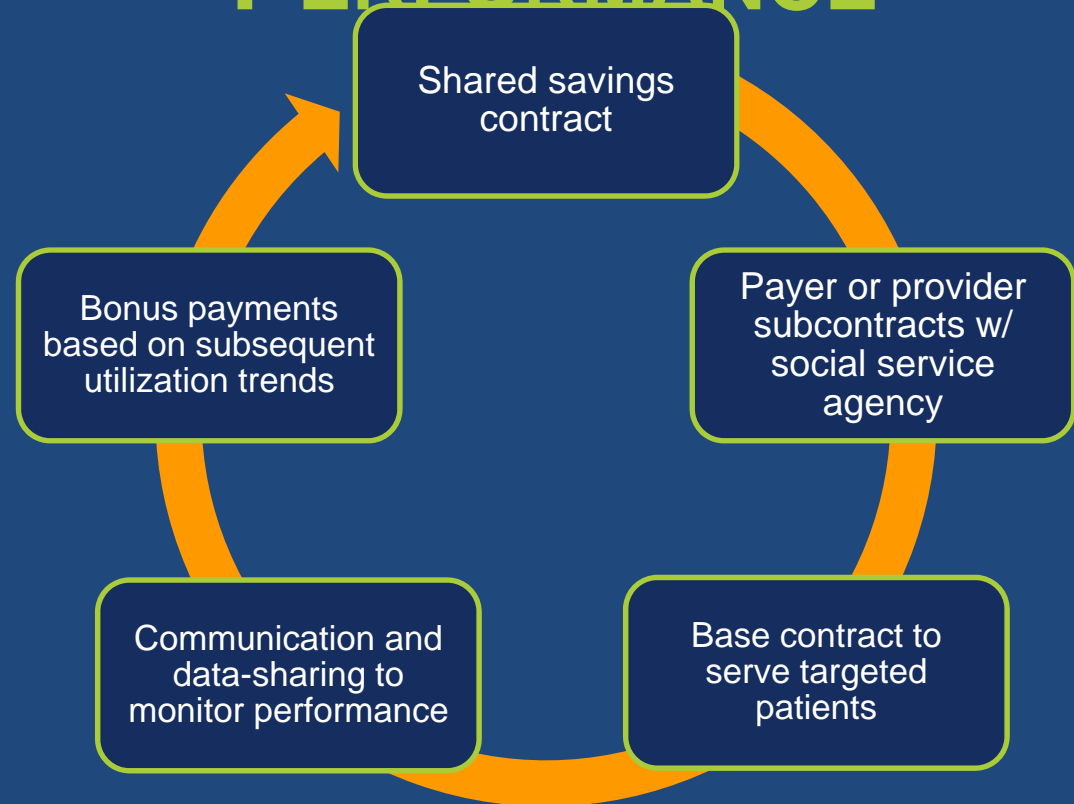


"Oh my goodness! I never applied for them (Food Stamps) because I didn't think I was eligible...I have never received anything like this in my life. I don't even know how you found me! ...I'm in shock and I can't believe this. My bills are horrible. My husband died of Alzheimer's and we both worked all of our lives. His Alzheimer's treatment ate up all of our money. His drugs were over \$600 a month. Thank you so much. Just thinking that someone wants to help me makes me happy."

*Mrs. T, 80 years old
Qualified for \$140/month in SNAP*



MODEL 3: PAY FOR PERFORMANCE



- Most appropriate for where **short-term savings** are measurable (e.g. delayed nursing home admission, reduced hospitalization)
- **Shared risk** across payer, provider, and social service agency
- Risk could be mitigated with **social impact bond** (3rd party investor)

“What’s so good about it is you all reached out to me. I hadn’t gotten to this on my own because I hadn’t gotten to that point yet. I’m truly blessed because my family is helping buy my food, and fill up my freezer. But I’m happy that now I’ll be able to do my part. Let them know that there’s somebody out here who cares about what they do.”

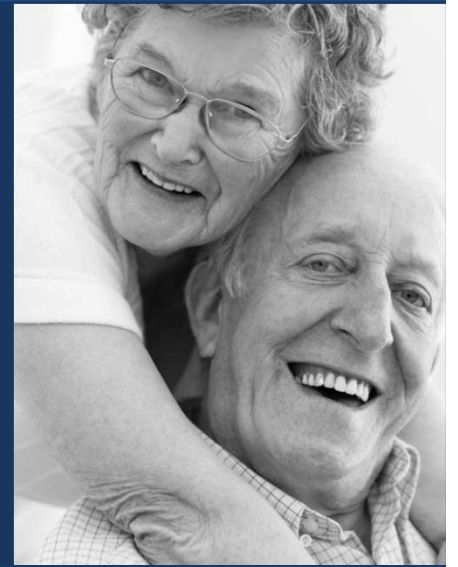
Mr. T



NEXT STEPS

- Engage additional payment reform stakeholders to evaluate feasibility
- Establish standards for data-sharing across health care, social service agencies, and public benefits systems
- Evaluate funding thresholds (e.g. % of spending payers/providers are willing to invest in interventions addressing social needs)
- Continue research to demonstrate clinical and cost implications of targeted social service interventions

QUESTIONS?



"We need this so desperately. Thank you. My husband worked his whole life and we never, ever collected any kind of Food Stamps or prescription help...A lot of people are embarrassed and go without food and prescriptions. Thank you for reaching out to me."



CONTACT INFORMATION

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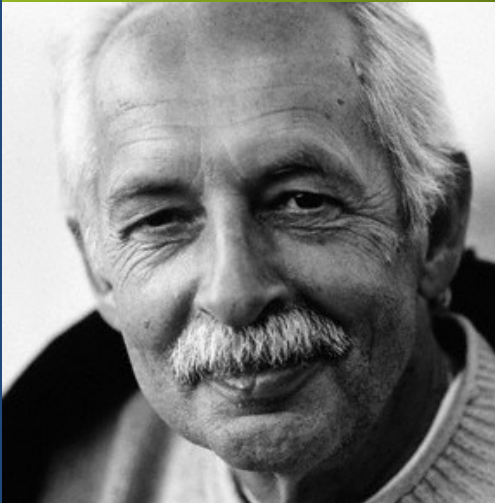
www.bdtrust.org

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@BeneDataTrust

@MeeksCahill

"Bless your heart. There are good people in this world, after all. You keep sending me these letters and maybe I was just too proud. I was trying to handle it all myself. Then my vacuum broke and my microwave oven. Everything is broken. I just felt so sorry for myself and thought maybe you people could help me for my drugs because I haven't bought anything new for five years because of the drugs. I thank you kindly. I mean that very sincerely. Thank you for your patience. Thank you so very much. I really appreciate if you could help."



REFERENCES

1. Seligman, H.K., et al. (2014). Exhaustion of food budgets at month's end and hospital admissions for hypoglycemia. *Health Affairs*, 33(1), 116-123.
2. Berkowitz, S.A., et al. (2014). Treat or Eat: Food insecurity, cost-related medication underuse, and unmet needs. *The American Journal of Medicine*, 127, 303-310.
3. Gurvey, J., et al. (2013). Examining health care costs among MANNA clients and a comparison group. *Journal of Primary Care & Community Health*, 4, 311-317.
4. Seligman, H.K., et al. (2010). Food insecurity is associated with chronic disease among low-income NHANES participants. *The Journal of Nutrition*, 140 (2), 304-310.
5. Bacharach, D., et al. (2014). Addressing patients' social needs: an emerging case for provider investment.