

MEDICA®

Submitted by Medica

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Request for Information

IMPACT ACT Research Study: Provider and health plan approaches to improve care for Medicare beneficiaries with social risk factors

Medica is a non-profit health plan that serves communities in Minnesota, Iowa, Kansas, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota and Wisconsin — the heart of America. As a company, we empower communities by listening to their voices, learning about community needs, and devoting time and resources to help.

Our values include:

- Customer Focus
- Excellence
- Stewardship
- Integrity
- Diversity

Medica is fully committed to participating by responding to the request for information for the IMPACT ACT Research Study: Provider and health plan approaches to improve care for Medicare beneficiaries with social risk factors. We recognize the importance of social risk factors in achieving the desired healthcare outcomes for our members.

RFI responses

- Which social risk factors are most important to capture?
 - *Access to treatment for substance abuse and mental health co-morbidities*
 - *Inability to access or afford health care*
 - *Food deserts*
 - *Financial distress- level of income*
 - *Inadequate or no housing*
 - *Frequent appointment no shows*
 - *Health literacy*
 - *Legal issues*
 - *Living alone/ little or inadequate social support*
 - *Strength of social support*
 - *Transportation barriers*
 - *Unstable housing*
 - *Access to social services*
 - *Safe neighborhoods*

- Do you routinely and systematically collect data about social risk?
 - Yes
- Who collects this data?
 - *For our Medicare Advantage members data is collected as a part of an annual “Health Risk Assessment” which is voluntary and completed by our members. Currently we have a 10% participation rate. However for 2019 we have engaged a new vendor and methodology which may increase participation. SDoH data is also collected by an RN Case Manager as a part of the assessment process when a member of our Medicare Advantage health plan is enrolled in a case management program. SDoH data is collected as part of the ongoing management and coordination of the case.*
 - *With our DSNP and State Waiver Programs an assessment is done within 30 days of enrollment and the annual assessment process fully evaluates our members for gaps in SDOH. This is reviewed periodically as a part of the care coordination services and on an annual basis.*
- When is it collected?
 - *For Medicare Advantage members, data is collected on an annual basis as part of a voluntary health risk assessment as well as during the course of care when member is followed by a case manager or care coordinator. (see above)*
 - Is it collected only once or multiple times for a beneficiary?
 - *It depends on the needs of the member. Annually, through member responding to a “health risk assessment” or for members identified for case management or care coordination this information is collected on initial assessment and throughout the course of care.*
 - Is it collected consistently across populations (i.e. Medicare beneficiaries, Medicaid beneficiaries, patients receiving specific services, etc.)?
 - *Yes, it is collected annually for all the DSNP and “State Waiver” programs and on a voluntary basis or during the course of case management for the Medicare Advantage members.*
 - What are the burdens of this data collection on plans, providers, and beneficiaries?
 - *Burdens of data collection outside the above routine data collection include cost of resources and burden of IT to store information. More emphasis needs to be placed on the standardization of questions. Members may feel that collecting social determinants of health is an intrusion into their personal life’s and may not feel comfortable with sharing part of all information. Privacy issues also complicate the collection and “actioning” this. There are immediate concerns when gaps in SDOH are identified but there is no remedy or solution for the individual or population available in the area to actually close the gap.*
- Would standardized data elements for EHRs help you to collect social risk data? If so, how could these data elements be standardized.
 - *Yes, as there is benefit from evidence based work flows, enhanced technology on the market and more connected network services especially in underserved or rural areas. Standardized data elements will benefit reporting trends and helping with identification of solutions. It also normalizes the questions helping to de-stigmatize the process of assessment and evaluation. These data elements could be standardized with industry agreement to one set of questions that are used across populations and settings.*

- What are barriers to collecting data about social risk?
 - *Members feeling comfortable with sharing information and questioning or mistrusting how the information may be used to discriminate or reduce healthcare benefits; cost and resources required to upgrade the IT system to collect and store information. Most importantly, ensuring that there are networks in the community and action plans to address the gaps in the SDoH that were identified.*
- How can these barriers be overcome?
 - *Standardizing and prioritizing the questions asked of the public and insuring that there is an adequate response or action that can be provided to remedy the deficits and close the gaps, adjustments to risk payments to account for the resources required to adequately address these gaps and provide solutions.*
- What do you see as promising future opportunities for improving data collection?
 - *More established technology in predicating and stratifying risk around social determinates of health resulting in more developed process flows and evidence based interventions. Increased risk adjustment payments to cover the cost of addressing the gaps and ensuring that adequate action is taken.*
- What opportunities do you see as promising for using existing data to tailor services?
 - *More standardized and consistent data on our members would be helpful in the development and plan designs that could directly address more effectively our member's needs. This standardized data would also help to prioritize internal programs and better stratify those members with greater risk in order to achieve improved health outcomes.*

Thank you for your interest and support with this very important topic.

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